



**CITY OF AURORA
OUTDOOR SERVICE PERMIT**

(ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND
RETURNED TO THE LIQUOR CONTROL COMMISSIONER'S OFFICE

I. BUSINESS/ORGANIZATION INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Type: Corporation Civic Religious Government Other: _____

Employer Identification Number (EIN)
or 501C3 Number _____

Business License Number: _____

Does your business have a Liquor License? Yes No If Yes, what is your license? _____

II. APPLICANT

(Applicant must be the owner, primary manager, or authorized agent of the business or organization.)

Name: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

III. EVENT

Name: _____

Purpose: _____

Location: _____ Outdoors? Yes No

Type: Civic (\$0) Library (\$0) Village (\$0) Daily Sampling (\$25 per day) Temporary Outdoor Entertainment (\$0) Promotion (\$25 per day)

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Type of Liquor Served: Beer Wine Spirits

Live or Amplified Music? Yes No

IV. INSTRUCTIONS

1. **APPLICATION DATE:** Permit applications **MUST** be submitted at least seven (7) calendar days prior to the date of the event.
2. **INSURANCE:** In addition to this application, you must also submit proof of Dram Shop or Host Liability Insurance for the event. The insurance rider must specifically identify the location where the event is being held and the coverage must coincide with the dates of the event. If the event is being hosted on a liquor licensee's premises, no proof of insurance is necessary.
3. **PERMIT FEE:** Make you check or money order payable to the CITY OF AURORA and attach it to this application.

V. AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, have read this application and the statements are true, complete and correct. The statements are made for the purpose of inducing the City of Aurora to issue a liquor permit for a specific event. I further understand that any misrepresentation or failure to notify the Liquor Control Commissioner of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Liquor Control Commissioner to deny this permit application and/or to revoke any permit issued pursuant to this application.

Signature of Applicant/Authorized Agent

Title/Position

Date

OFFICIAL USE ONLY

Requirements

- Insurance
- Fee
-
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NOTES

APPROVED **DENIED**

Signature of Local Liquor Control Commissioner

Local Liquor Control Commissioner

Date