Village of Belleville

Liquor License Temporary Premise Amendment

BOX 1 - APPLICANT INFORMATION	
Legal Name (*Corporation, LLC Partnership or Sole Proprietorship*)	Trade Name:
Business Address:	City / State / Zip
Mailing Address (*If different*):	City / State / Zip
Work Phone:	Home or Cell Phone:
Email Address:	I am the: ☐ Owner ☐ Agent
Signature:	Date:

BOX 2 - APPLICATION

1. Date(s) of Event: _____

2. Temporary Premise Description: _____

_____

3. Attach a drawing or map showing layout of temporary premise.

4. Describe fencing/method of control: _____

_____

BOX 3 - RETURN THIS FORM TO:

Mail: 24 W. Main Street, P.O. Box 79, Belleville WI 53508

Fax: 608-424-3423 Email: info@villageofbelleville.com

Drop Box: At 24 W. Main Street, 24 hours / day Questions: 608-424-3341

BOX 4 - APPROVALS

Your request has been:

☐ Approved ☐ Not Approved ☐ Approved with these Conditions:

BOX 5 - OFFICE USE ONLY	
Date Received:	By:
Police Approval: YES NO BY: _____ Board Approval: YES NO	Fee: $ 20.00 ☐ Paid Check #
Date Granted:	Date Issued:
Clerk Signature:	Code Reference: Chapter 320