

Les Post, Chairman

507 Vermont Street
Quincy, IL 62301

**SPECIAL ONE DAY PERMIT REQUEST
FOR THE SALE AT RETAIL OF ALCOHOLIC BEVERAGES**

County of Adams

State of Illinois

Request in the Name of: _____

Event name (if different): _____

Location of Event: _____

Address: _____

Date of Event: _____

Hours License to be in effect: _____

Applicant

Date

THE PERMIT IS NOT TRANSFERABLE. POST THE PERMIT IN A CONSPICUOUS PLACE