



409 Collinsville Rd.
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**PERMIT TO HAVE ALCOHOLIC LIQUOR IN THE
TRI-TOWNSHIP PARK DISTRICT
TROY, IL**

ISSUED TO: _____
(NAME)

(ADDRESS)

NAME OF ORGANIZATION IF APPLICABLE)

DATE: _____

PAVILION OR COMMUNITY CENTER: _____

PERSON TO WHOM PERMIT IS ISSUED ASSUMES RESPONSIBILITY

SIGNATURE OF APPLICANT

PARK OFFICIAL

COPY ON FILE WITH THE PARK BOARD