



SPECIAL EVENT LIQUOR LICENSE APPLICATION

APPLICANT INFORMATION

Applicant Name _____
Name of Organization _____

Applicant Address _____

City, State & Zip Code _____

Telephone (____) _____

Is applicant (circle one): Religious Charitable Labor Fraternal Educational
Veteran's Organization Civic Political Non-profit Other _____

Is applicant requesting the fees for this license be waived? YES NO

CONTACT PERSON INFORMATION

Name _____

Address _____

City, State & Zip Code _____

Telephone _____

EVENT INFORMATION

Name of Event _____

Address of Event _____

Date(s) of Event _____

Alcohol Sales Hours _____

Anticipated Event Attendance* _____

Please provide copy of Certificate of Liability Insurance

****Special Events hosting more than 250 people must complete a Special Event Permit Application.***

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

For Office Use Only

Date Approved _____ License # _____ Fee: _____