



DEPARTMENT OF BUSINESS LICENSE APPLICATION/PERMIT SPECIAL EVENT

Charitable Organization Current Liquor License

DATE OF APPLICATION: _____

NAME OF CHARITABLE ORGANIZATION _____ REGISTRATION # _____

BUSINESS NAME: _____ LIQUOR LICENSE #: _____

DATE (S) OF EVENT: From: _____ To: _____ HOURS: From: _____ To: _____

ADDRESS OF EVENT: _____

ESTIMATED ATTENDANCE: _____

DESCRIPTION OF EVENT: _____

NAME OF PERSON IN CHARGE OF EVENT: _____ PHONE #: _____

TYPE OF PERMIT REQUESTED: BEER (\$50) BEER & WINE (\$75) FULL LIQUOR (\$150)

LIST ALL EMPLOYEES SERVING OR SUPERVISING ALCOHOL DISTRIBUTION		
NAME	WORK CARD # AND EXPIRATION DATE	ALCOHOL AWARENESS TRAINING EXPIRATION DATE

APPLICANT'S PRINTED NAME/TITLE: _____

APPLICANT'S PHONE: _____ EMAIL: _____

APPLICANT'S SIGNATURE: _____

CURRENT PLANNING: APPROVE/DISAPPROVE APPROVED BY: _____ DATE: _____

RESTRICTIONS: _____

PARKS AND RECREATION: APPROVE/DISAPPROVE APPROVED BY: _____ DATE: _____

BUSINESS LICENSE: APPROVE/DISAPPROVE DATE: _____ FEE: _____ (Not Required for Charitable Organization)

APPROVED BY: _____ COMMENTS: _____