



**APPLICATION FOR SPECIAL PERMIT TO SELL ALCOHOLIC BEVERAGES
AT A SPECIAL EVENT AT DESIGNATED PREMISES**

Name of Licensee _____

Name of Business _____

State alcoholic beverage license number _____

Date(s) of special event _____

DESCRIPTION OF PREMISES:

Name of building/location where event will be held: _____

Give address of premises: _____

Do premises meet local and state requirements regarding sanitation and safety?

() yes () no

Local fee: \$25.00

State fee: NONE

Dated this _____ day of _____, 20____.

(Licensee)

By: _____

(Name and title if corporate officer or manager)