



## Special Temporary Event License Application

License Fee: \$166.00

**Applicant's Name:**

\_\_\_\_\_

**Business/Company name D/B/A:** \_\_\_\_\_

\_\_\_\_\_

**Address of premises to be licensed:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address: (if different from above)** \_\_\_\_\_

\_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of application:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_

Alcohol Beverage Control Administrator