



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