

CITY OF HISTORIC MEDORA
APPLICATION FOR SPECIAL EVENT ALCOHOLIC BEVERAGE PERMIT

NAME OF LICENSE HOLDER _____

ADDRESS OF LICENSE HOLDER _____

PHONE OF LICENSE HOLDER _____

SPONSOR OF SPECIAL EVENT _____

ADDRESS OF SPONSOR _____

DESCRIPTION OF PREMISES WHERE SPECIAL EVENT IS BEING HELD:

ADDRESS OF PREMISES _____

OWNER OF PREMISES _____

AREA DESIGNATED FOR THE DISPLAY AND SALE OF ALCOHOLIC

BEVERAGES _____

DATE OF SPECIAL EVENT _____

HOURS OF DISPLAY & SALE _____ TO _____

Please take notice that the sales or dispensation of alcoholic beverages pursuant to a permit issued upon this application shall fully comply with state and local laws.

(License holder)

(Date)

(Police Chief)

(Date)

(City Auditor)

(Date)

Fee is \$25.00 per day, payable by Cash _____ or Check _____.