

TEMPORARY LIQUOR LICENSE PERMIT

NON-PROFIT:		SPECIAL EVENT:	
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ORGANIZATION:	
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REQUESTED BY:	
MAILING ADDRESS:	
CITY, STATE ZIP:	
TELEPHONE:	



EVENT:	
PLACE:	
EVENT DATE:	
EVENT TIME:	
TYPE OF LICENSE:	



Approved by: \_\_\_\_\_ *Parks Superintendent* \_\_\_\_\_ *Date*

Approved by: \_\_\_\_\_ *Ronald P. Pierini, Sheriff* \_\_\_\_\_ *Date*



FEE PAID:	
DATE OF APPLICATION:	