

TEMPORARY LIQUOR LICENSE PERMIT

NON-PROFIT:	SPECIAL EVENT:
-------------	----------------

.....

ORGANIZATION:

.....

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:	