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Special Event Permit

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Name of License Holder*

Business Name*

Business Address*

City*

State*

Zip Code*

Contact Name*

Phone Number*

Email*

Date of Event (Begin)*

Date of Event (End)*

Event Street Address and Location*

Attach a sketch of premises where alcoholic beverages will be served

[Choose File](#) No file chosen

Expected Attendance*

Provide a brief narrative of the event*

Will minors be present at the event?*

Steps to be undertaken by licensee to restrict the sale to and consumption of alcoholic beverages by minors during the event*

protected by reCAPTCHA

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