



Special Event Permit

[Save Progress](#)**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** 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***

Receive an email copy of this form.

Email address

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* indicates a required field