

EVENT AUTHORIZATION APPLICATION

Fees are generally non-refundable. Please review Form ABC-215 INSTR before submitting this application.

CURRENT LICENSE TYPE AND LICENSE NUMBER
RECEIPT NUMBER
TOTAL FEE
\$

SECTION 1

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)		
2. LICENSED PREMISES ADDRESS		
3. MAILING ADDRESS (IF DIFFERENT)		
4. CONTACT PERSON	5. CONTACT PHONE NUMBER	6. CONTACT EMAIL ADDRESS
7. EVENT LOCATION (Street number and name, city, zip code)		
8. DESCRIPTION OF LOCATION (Parking lot, office building, residence, county/city park, etc.)		
9. EVENT LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	10. EVENT DATE(S)	11. TOTAL NUMBER OF DAY(S)
12. EVENT HOURS From _____ To _____	13. EVENT OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input type="checkbox"/> No	14. ESTIMATED DAILY ATTENDANCE
15. NUMBER OF DAYS AN 'ADJACENT PROPERTY' EVENT HELD AT THIS LOCATION THIS CALENDAR YEAR		
16. LOCAL LAW ENFORCEMENT AGENCY APPROVAL SIGNATURE	17. TITLE	18. DATE SIGNED

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE SIGNATURE	DATE SIGNED
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AUTHORIZATION (For ABC Use Only)

CONDITIONS/ACKNOWLEDGMENTS REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	DIAGRAM REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	LAW ENFORCEMENT APPROVAL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
DISTRICT APPROVAL BY (Name)	ABC EMPLOYEE SIGNATURE	DATE SIGNED