

## **ABC Application / Information**

Date of Application \_\_\_\_\_

Name of Applicant / Group \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Dates(s) of Event \_\_\_\_\_

Time(s) of Event \_\_\_\_\_

Place of Event / Address \_\_\_\_\_

Estimated # of Attendees \_\_\_\_\_

Type of Alcohol Being Served \_\_\_\_\_

***Please Note: Processing of this application may take up to 30 calendar days.***

**\*\*\*\$196.00 Fee due upon submission of application\*\*\***

**\*\*Fee waived for Non-Profit Organizations by filling out Waiver Application\*\***