

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

 Yes No

10. EVENT DATE(S)

11. TOTAL NUMBER OF DAY(S)

12. EVENT HOURS

From _____ To _____

13. EVENT OPEN TO THE PUBLIC

 Yes 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

AUTHORIZATION (For ABC Use Only)

CONDITIONS/ACKNOWLEDGMENTS REQUIRED

 Yes, attached No

DIAGRAM REQUIRED

 Yes, attached No

LAW ENFORCEMENT APPROVAL REQUIRED

 Yes No

DISTRICT APPROVAL BY (Name)

ABC EMPLOYEE SIGNATURE

DATE SIGNED