

**CATERING AUTHORIZATION REFUND REQUEST**

*Read instructions before completing. An incomplete form or inaccurate information may prevent a refund from being issued. This form must be submitted before the event date to receive a refund.*

<b>FOR ABC USE ONLY</b>
DATE ABC-218 REF RECEIVED

1. LICENSEE NAME(S)	2. LICENSE NUMBER	3. EMAIL ADDRESS
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4. PREMISES ADDRESS			
4a. STREET NUMBER AND NAME	4b. CITY	4c. STATE	4d. ZIP

5. EVENT DURATION <input type="checkbox"/> SINGLE DAY <input type="checkbox"/> MULTIDAY NUMBER OF DAYS: _____	6. REASON FOR REFUND REQUEST <input type="checkbox"/> APPLICATION DENIED <input type="checkbox"/> APPLICATION WITHDRAWN <input type="checkbox"/> OTHER: _____
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7. EVENT TYPE	8. CATERING AUTHORIZATION ID (IF APPLIED FOR ONLINE)
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9. SCHEDULED DATE(S) OF EVENT DATE FROM: _____ DATE TO: _____	10. REQUESTED DATE(S) FOR REFUND <input type="checkbox"/> ALL DATES <input type="checkbox"/> PARTIAL DATES DATE FROM: _____ DATE TO: _____
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11. EVENT ADDRESS			
11a. STREET NUMBER AND NAME	11b. CITY	11c. STATE	11d. ZIP

12. CONTACT PERSON		
12a. NAME	12b. EMAIL ADDRESS	12c. PHONE NUMBER

13. REFUND MAILING ADDRESS (IF DIFFERENT FROM LICENSEE ADDRESS ON FILE):			
13a. STREET NUMBER AND NAME	13b. CITY	13c. STATE	13d. ZIP

14. ATTESTATION

By signing this form, I attest that the information provided on this form is true and accurate. I understand that providing false information may be grounds for disciplinary action against the licensee. **I understand that the refund payment will be made payable to the licensee at the mailing address on file or requested above.**

15. LICENSEE SIGNATURE	15a. PRINTED NAME	15b. DATE SIGNED
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**FOR ABC USE ONLY**

REFUND APPROVED  
 ALL DATES  
 PARTIAL DATES: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

REFUND DENIED  
 REASON FOR DENIAL: \_\_\_\_\_  
 DATE LICENSEE AND/OR CONTACT PERSON NOTIFIED: \_\_\_\_\_  VIA EMAIL  VIA PHONE

STATUS UPDATED IN ABIS (IF APPLICABLE)

ABC EMPLOYEE NAME	SIGNATURE	DATE SIGNED
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*Original to HQ Licensing. Copy to District Files.*