

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.

*****\$190.00 Fee due upon submission of application*****

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