## Request for Approval for the Sale of Beer and Wine for a Special Event Only

1.	Name of	Name of Not for Profit Corporation											
2.	AddressPhone #												
	City			_ County					Zip	_ Zip Code			
	Date of (or attac Where w	tter) Address City County											
5.	When will the event be held?					<u> </u>	Day		year				
					From	n:	M/PM		to:	AM/PM			
6.	Type of	event				-			-1				
7.			other events a elve (12) mont						Yes			No	
8.	If so, ho	w many h	ave been appr	oved?								· · · · · · · · · · · · · · · · · · ·	
				•		Check One							
9.		ou a lice/	ense Commissi nse permit or	oner					Yes			No	
10.	your corp	poration	officer or direc ever had an ap proval denied?	plication					Yes			No	
11.		on had a	officer or direc liquor license						Yes			No	
12.	Have all I on the al		nd State taxes oducts?	been paid					Yes			No	
13.	Please su	pply the i	requested info	rmation belov	w on a	ll off	ficers	and	directo	ors of the	Corp	oratio	n
Posit	tion	Name			Addr	ess	;	Sex	Date of Birth	of	Soci Secu	al ırity N	0.
				AFFIC	DAVIT	•							
oing hat i	applicati the applic	on are tri ant is qui	applicant or re ue and correct alified and elig roval is only fo	t, are made u gible to obtai	ipon m in the	iy pe appr	ersona oval re	l kr	owledg	ge and in	form	ation.	and
furt	her affirm	n that the	applicant wil articular, the l	I not violate	any o	f the	laws	of t	he Unit ights se	ted State	s of A ereof.	Americ	a or
			1	Signature of A	Applic	ant c	or Aut	hori	zed Ar	 ient			
				J	-1Ea			•		,			

Date