

Special Designated License Local Recommendation Form

Name of Retail Liquor Licensee or Non-Profit Organization

Licensee Business Address or Non-Profit Business Address

Retail License Number or Non-Profit Federal ID # (Form #201 must be submitted as attachment)

Event Location: _____

Event Date & Time: _____

Alternate Date/Location: _____

Description of area to be licensed in length & width: _____ X _____

Indoor: ____ **Outdoor:** ____ (must include Form # 109 as attachment)

Type of Event: _____ **Estimated # of attendees:** _____

Event Supervisor: _____
(Please print)

Contact Phone Number: _____

Contact Email: _____

Local governing completes below:

City/County approving event: _____

Local Governing Body Authorized Signature

Date