

Special Designated License Local Recommendation (Form 200)

Applications must be entered on the portal after local approval – no exceptions
Late applications are non-refundable and will be rejected

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

Retail Liquor License Address or Non-Profit Business Address

Retail License Number or Non-Profit Federal ID #

Event Date(s): _____

Event Start Time(s): _____

Event End Time(s): _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: _____

Event Street Address/City: _____

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: _____ X _____ (Diagram Form #109 must be attached)

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

Type of alcohol to be served: Beer _____ Wine _____ Distilled Spirits _____
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: _____ **Event Contact Phone Number:** _____

Event Contact Email: _____

***Signature Authorized Representative:** _____

***Retail licensee – Must be signed by a member listed on permanent license**

***Non-Profit Organization – Must be signed by a Corporate Officer**

Local Governing Body completes below:

The local governing body for the City of _____ **OR** County of _____ approves the issuance of a Special Designated License as requested above.

Local Governing Body Authorized Signature

Date