



NONPROFIT ORGANIZATION

APPLICATION

TEMPORARY ALCOHOLIC BEVERAGE POURING PERMIT

1. Nonprofit Organization: _____

Tax ID # _____

Address of Organization: _____

Telephone for Organization: _____

Applicant: _____
name of person applying; phone or e-mail contact information

Please submit verification of nonprofit status with this application.

2. Name of event: _____

Date of event: _____

Location / address for the event: _____

Contact person: _____

Phone: _____

3. Name and address of provider of alcoholic beverages: _____

Alcoholic Beverage License number of alcoholic beverage provider: _____

Cost for Temporary Pouring Permit: \$50.00