



**SPECIAL EVENT CABARET PERMIT**

(Must be printed legibly for application to be accepted)

**LICENSEE/APPLICANT:** \_\_\_\_\_

Please Check One:           Liquor Licensed Establishment

Trade Name: \_\_\_\_\_

Special Event Liquor Permit Holder

**FULL ADDRESS OF EITHER:**

**OR**   Liquor Licensed Establishment: \_\_\_\_\_

Location of Special Event Liquor Permit: \_\_\_\_\_

**MAIN CONTACT / RESPONSIBLE PARTY:**

Name: \_\_\_\_\_                      Mobile Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

1. Type of Entertainment to be offered and provided: \_\_\_\_\_
2. Has the Applicant/Licensee been issued a special event cabaret permit during this calendar year?  
   Yes                                      No

If yes, how many? \_\_\_\_\_

**LIST THE EXACT DATE(S) FOR WHICH THE APPLICATION IS BEING MADE:**

	Date	Opening Time	Closing Time
1.			
2.			
3.			
4.			
5.			

**OATH OF APPLICANT**

I declare under penalty of perjury that I have read the foregoing application and that all information therein is true, correct, and complete to the best of my knowledge.

<b>Authorized Signature:</b>	<b>Title:</b>	<b>Date:</b>
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**\*\*\*To be completed by the Department of Excise and Licenses\*\*\***

The foregoing application has been examined and found to be satisfactory. Therefore, THE APPLICATION IS APPROVED.

\_\_\_\_\_  
 Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Licensing Technician

Revised April 2019