

Date Received _____

License No. _____

Date Issued _____

City of Miller
SPECIAL EVENT
Alcoholic Beverage License Application

Business Name:

Owner Name:

Address:

Telephone #:

Location of Event:

COMPLETE DESCRIPTION INCLUDING STREET ADDRESS

Dates of Event:

Description of Event:

Check which license you currently hold: ☐ Malt Beverage ☐ Liquor ☐ Wine

Check which license is requested for Special Event: ☐ Malt Beverage ☐ Liquor ☐ Wine

Do you ☐ own or ☐ lease this property? If leasing, please include copy of lease agreement.

Has applicant requested use of City property as part of license request? ☐ Yes ☐ No

☐ Copy of request attached

Also Include:

☐ Proof of Insurance (ATTACH A VALID COPY OF CERTIFICATE OF INSURANCE OR LETTER FROM INSURER CONFIRMING THE POLICY IS IN PLACE NAMING THE CITY OF MILLER AS AN ADDITIONAL INSURED FOR THE ACTIVITIES DESCRIBED IN THE SPECIAL EVENT APPLICATION)

☐ Copy of Current Valid Alcoholic Beverage License attached

TOTAL AMOUNT DUE: \$50.00

Amount of fee collected with application \$

Signature of Applicant _____ Date _____

OFFICE USE ONLY:

Notice of Hearing Published on _____.

Public Hearing Held on _____.

COUNCIL DECISION: ☐ Approved ☐ Disapproved If disapproved, endorse reason on back of application and return to applicant.

Mayor _____

Date _____