

**New Catered Event For Liquor Control and Licensing Branch** *(All Fields must be filled out)*

**Contact Information**

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

Phone #: \_\_\_\_\_

**Event Details**

Type: (Check One) Description: \_\_\_\_\_

Corporate \_\_\_\_\_

Personal \_\_\_\_\_

Staff/Customer Appreciation \_\_\_\_\_

Other \_\_\_\_\_

Client or Host Name: \_\_\_\_\_

Maximum Attendance: \_\_\_\_\_

Minors Attending:  Yes  No

Food Service Provided: (Check One)

Entertainment Provided: (Check One)

Appetizers/Hors D'Oeuvres

None

Gambling

Full Service Meal

Dance

Adult Entertainment

Buffet

Live Music

Other

Other

Live Entertainment

**Venue Location**

Venue Name/Description: \_\_\_\_\_

Description:  Indoors  Outdoors  Both

Additional Information: \_\_\_\_\_

Address Required: \_\_\_\_\_

**Time and Date of Event**

Event Start Date: (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Event End Date: (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Default Times**

Event: \_\_\_\_\_ AM or PM until \_\_\_\_\_ AM or PM

Liquor Service: \_\_\_\_\_ AM or PM until \_\_\_\_\_ AM or PM

The event and liquor service times are different on specific dates.