

APPLICATION FOR SPECIAL EVENT PERMIT

Fee: \$35.00

Manufacturer's License number: _____

Licensee name: _____

Doing business as: _____

Address: _____

Town/City: _____ Zip _____

Telephone number: _____

Email: _____

1. Describe the special event: _____
2. Location (specify defined area, include address of event): _____

3. How will attendees pay for alcohol at your event? _____

4. What size container will the event use? _____
5. Will there be any limits on the number of purchases? _____
6. Date of event: _____
7. Hours of operation: Beginning _____ Ending _____

Signed: _____ Date _____
(manufacturer)

Please check one: _____ APPROVED _____ DISAPPROVED

Town/City Clerk signature

Town/City

Date

**Submit to Town/City at location of special event. After action by local control commissioners,
this application will be forwarded to the Vermont Liquor Control Board
at least 5 days prior to the date of the event.**