



Special Event Permit

License Fee: \$25.00

STATE OF NORTH DAKOTA
COUNTY OF MERCER

DATE(S) of Special Event: _____

Name of Business: _____

Business Mailing Address: _____

City of Beulah Local License #: _____

State Alcoholic Beverage License #: _____

Describe special event fully: _____

Dated this _____ day of _____, _____

Licensee Signature

Printed Name of Licensee

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

Notary Public

DISPLAY CONSPICUOUSLY ON PREMISES OF SPECIAL EVENT