

CITY OF MANDAN  
SPECIAL "B" LIQUOR PERMIT

Date of Application: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

Address of public facility if used: \_\_\_\_\_

State the purpose for which this permit will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of requested (not to exceed 3 day) \_\_\_\_\_

Time of day which the applicant desires the permit to be in effect: \_\_\_\_\_

Does this organization have approval of the Mandan Park District for this application?

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Received by:

Date Received: \_\_\_\_\_

Commission Approval: \_\_\_\_\_

\$100.00 per Event – Amount paid \$ \_\_\_\_\_