

CITY OF MANDAN
SPECIAL "B" LIQUOR PERMIT

Date of Application:

Name of Licensee:

Address of Licensee:

E-mail Address of Licensee:

Phone Number 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 days)

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 \$ _____