

TOWN OF STEVENSVILLE
ALCOHOL USE REQUEST FORM

Applicant Name _____ Phone Number _____

Group/Organization Name _____

Describe Intended Alcohol Use (type, amount, commercial or private, etc.) _____

Has an Application to Use/Sell Alcohol been approved by the Montana Department of Revenue? _____ Yes _____ No. If yes, please provide a copy.

Describe the Plan to: 1. Contain the alcohol use to a restricted area. _____

Describe the Plan to: 2. Prevent the sale or use of alcohol by minors. _____

Describe the Plan to: 3. Provide for the safety and security of event attendants and other citizens. _____

Approved _____ Date _____ Denied _____ Date _____

Fee: \$200 Date Paid: _____