Office Use Only:

Date Received:_____

Staff Initials:_____

License Number:_____

Class: _____ Type:_____

Date issued:_____

BOARD OF LICENSE COMMISSIONERS
FOR WORCESTER COUNTY

Attn : April R Payne, Liquor License Administrator
Worcester County Government Center
One West Market Street, Room 1201
Snow Hill, Maryland 21863
Phone: 410-632-1908 Ext. 1120
Email: apayne@worcestermd.gov

APPLICATION FOR TEMPORARY TO-GO EVENT PERMIT

First time Applicants: File within 60 days prior to Event
Subsequent Applicants: File within 30 days prior to Event date

License Number: | Class: Class "D" B/W/L | Date of Application:

Trade Name:

Address of Licensed Premises: | State:

Name of Staff Representative: | Representative Phone #:

Licensee/Applicant #1 Information:

First Name: | Last Name:

Address: | Apt/Suite: | State:

Telephone: | Email:

Licensee/Applicant #2 Information:

First Name: | Last Name:

Address: | Apt/Suite: | State:

Telephone: | Email:

Licensee/Applicant #3 Information:

First Name: | Last Name:

Address: | Apt/Suite: | State:

Telephone: | Email:

Event Information:

Event Name:

Event Area where consumption will take place:

Refer to your Site Plan

Date/s for which Permit is sought:

Day: 1 Hours: Day: 2 Hours:

Day: 3 Hours: Day: 4 Hours:

Fees:

Meeting Fee:- $200.00

Advertising Fee: - $60.00

Permit Fee: - $200.00

Please be sure to fulfill all requirements associated with the Temporary To-Go Event Permit Application Instructions and Guidelines.

The Applicant/s will, if granted a license or permit, conform to all laws and regulations relating to business in which the Applicant/s proposed to engage.

Licensee/Applicant's #1 Signature Date

Licensee/Applicant's #2 Signature Date

Licensee/Applicant's #3 Signature Date

Permits will not be issued until Payment is received