Special Event Permit Application

New York State Liquor Authority

Landlord Authorization Form

Date(s) of event:

Name of Applicant:	
Venue Name:	
Venue Street Address:	
Venue City and zip code:	
	the applied for premises, hereby grant permission for coholic beverages by the applicant for consumption
Print Authorized Landlord Na	me
Print Authorized Landlord Nar Print Landlord Title	me