



# Request for Liquor Tasting Event Discount

Date \_\_\_\_\_

Name of Event \_\_\_\_\_

Event Organizer \_\_\_\_\_

Event Organizer Email \_\_\_\_\_ Phone # \_\_\_\_\_

Event Location \_\_\_\_\_

Number of anticipated Liquor Partners participating \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Times \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Times \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Times \_\_\_\_\_

Occasional Permit  OR Licensee

Licensee Name \_\_\_\_\_ Licensee # \_\_\_\_\_

## Describe the Event

# of attendees \_\_\_\_\_

Who is the beneficiary of proceeds, if any? \_\_\_\_\_

MBLL Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

**Please e-mail this application to the Liquor Experience Department at [experience@mbll.ca](mailto:experience@mbll.ca)**