



Request for Liquor Tasting Event Discount

Date: _____

Name of Event: _____

Event Organizer: _____

Event Organizer e-mail address: _____ 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: _____