Stuart Pavilion Event Application

Name of Applicant		
Applicant Street Address, City, State and Zip Code		
Applicant Phone		
Date of Event		
Time of Event	Start:	End:
Type of Event, please provide a brief description.		

$100.00 Non-refundable Deposit Received: ☐ Date Received: _____

Applying for liquor permit: Yes ☐ No ☐

If Yes, Complete Checklist:

☐ Special Event Liquor Permit filed on: _____

☐ Special Event Liquor Permit granted on: _____

☐ Special Event Liquor Permit denied on: _____

☐ Proof of Event Liability Insurance received: _____

_____ _____

Signed Date

_____ _____

Approved Date