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## Request to Serve Alcoholic Beverages

**NAME:** \_\_\_\_\_

**PERMIT#:** \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

- Request must be submitted within 10 days prior the date of the event

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OFFICE USE ONLY:

\_\_\_\_\_  
Received by & Date

\_\_\_\_\_  
Tuxedo Police Department Approval

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