

APPLICATION FOR SPECIAL ONE-DAY ALCOHOLIC BEVERAGE LICENSE

**City of Gregory
PO Box 436
Gregory SD 57533**

Name of Organization Holding the Event: _____

Business Address: _____

Name of Event: _____

Location of Event: _____
(Street Address)

Date of Event: _____ Hours of Event: _____ to _____

Person Requesting Approval:

Name: _____ Title: _____

Phone: _____

Signature: _____ Date: _____

For Office Use Only

Notice of Hearing Published on: _____ Public Hearing Held on: _____
(Date) (Not Less Than (7) Days After Publication)