



Date:

# ABC Daily License Application Routing Form

Organization:

Contact Person:

Phone:

Email:

Event Name:

**County Use Only**

Planning Department

Sheriff's Office

Administrative Office

Needed: A.U.P. C.U.P

Meets Requirements

Meets Requirements

Approved: A.U.P. C.U.P

Applicant Needs to:

Applicant Needs to:

Notes:

Initials:

Initials:

Initials: