



**TOWN OF YORKTOWN  
ALCOHOLIC BEVERAGE CONSUMPTION  
(ABC) PERMIT  
APPLICATION**

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (Town, City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Day) (Evening) (Cell)

Please provide names and addresses of officers in Club / Organization:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Nature of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Approximate Number of Persons Attending Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

**Insurance Certificate with an Alcoholic Beverage Rider must be attached to this application prior to the date of the event for which the permit is sought.**

This Application must be submitted to the Town Clerk for approval at least 48 hours prior to the date of the event for which the permit is sought.