

200 N. Lake Street Cadillac MI 49601 Phone (231) 775-0181 www.cadillac-mi.net

Today's Date
City Received Date
MUST BE OFFICIALLY CITY DATE STAMP

Alcoholic Beverage Request Form

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Event Name				
Requesting Organization				
Contact Person(s)				
Contact Phone	Contact Em	Contact Email		
Date of Event	Approx. ni	Approx. number of participating groups		
Starting Time	Ending Tir	Ending Time		
	City of Cadillac & State of I	Michigan Guidelines:		
Double fenceInspection of sit	e			
	ivered to the above address or emailenese requirements & understand if the			
Print Name	Signature		_ Date / /	
Request will be reviewed &	you will be notified if additional inform	ation is needed and/or if reques	t is approved or denied.	
******	******************************* For Office Use On		· ····	
Streets				
Parks				
Fire				
Police				
City Manager	Date Approved			
State of MI		Comments		
City Council		Comments		

Form 9 Updated May 2016