Temporary Extension of Premises Application CITY OF BLOOMER

1503 MAIN ST, BLOOMER, WI 54724

This license can only be issued to a current Class B or Class C license Establishments. Requested area(s) must be adjacent with the current licenses premises.			
Event Name:			
Event Date:	Event Time:		
Business Name: (Must be the same as existing license)			
Business Address:			
Type of License currently held:			
Name of Agent:			
(Must be the same as existing license, otherwise a new appointment of agent form must be completed)			
Phone Number:	Email Address:		
Name of Person in Charge of Event:			
Phone Number:	Email Address:		
Pren	nises Details		
Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor is to be served and consumed (attach drawing):			
How will the licensed premises area be restricted and screened from underage persons:			
Will the event encroach upon any public property or publi	c right-of way?	Yes	No
(If you answered Yes above, a street closure permit may be need	ed)		
Signature of Applicant:			
SIGNATURE:			
Name		Phone	#