# APPLICATION FOR A TEMPORARY ALCOHOL LICENSE

**City of Madison**
**116 W. Center Street**
**Madison SD 57042**

Date_____

Honorable Mayor
City Commissioners
Madison, South Dakota

I herewith submit my application for a temporary alcohol license for the date of
_____, 20_____.

Location_____

Fee per license: $5.00

Enclosed is a check in the amount of $_____ to cover said fee.

_____
Name of Firm, Corporation or Partnership Making Application

_____
Name of Organization, Person or Firm Holding the Event

_____
Street Address City Zip Code

_____
Signature of Applicant

_____
Date

**For Office Use Only**
Receipt No. _____ Date _____ Amount $_____
101.3200.3261