



File: 4320-04/

REQUEST FOR SUPPORT OF SPECIAL OCCASION LICENCE (BEER GARDEN)

Date of app	lication:					
Organization	n:					
Contact Nar	me:			Phone:		
Mailing Add	ress					
Purpose of	event:					
Date(s) of b	eer garden:					
Hours of be	er garden:				_	
Location of	beer garden:					
Applicant's	signature:					
	THIS PORTION TO BE COMPLETED BY REGIONAL DISTRICT STAFF ONLY					
	This poi	RTION TO BE COMPLETED I	BY REGIONAL DISTRIC	T STAFF ONLY		
	THIS POI of this document indicate applicants request for a	s the Strathcona Regior	nal District's Appı	roval / 🔲 Denia		
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