Name of Organization: _________________________________________________________________

Date and Location of Event: ___________________________________________________________

Who/What will benefit from this event: _________________________________________________

SGC License #: (FOR LICENSING AUTHORITY USE ONLY) _________________________________

Name: ___________________________________ Signature: ________________________________

Title: ___________________________________ Contact Number: ____________________________

COUNTY OF

Before me this day personally appeared ________________________________________________, who, being duly sworn according to law, deposes and says that the statements contained in the foregoing application are true and correct.

Subscribed and sworn to before me this date: ______________________________

Month Day year

(Seal)

_____________________________________________ My commission expires on ________________

NOTORY SIGNATURE

Patricia A. Maisano, Treasurer 07/2023