Department of Liquor Control
Licensure, Regulation, and Education (LRE)

Temporary Business Modification Form

FACILITY NAME: _____ LICENSE NUMBER: _____

DATE OF TEMPORARY BUSINESS MODIFICATION: _____

Reason for Temporary Business Modification:

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Alcohol and Security Plan: *(All temporary business modifications must submit an alcohol and security plan. This plan should include how you will be serving/selling alcohol (bartender, sectioned off beer garden, etc.), who will be checking ID's, how drinks will be sold (ticket, cash bar, etc.), how will people under the age of 21 be differentiated between those who are 21 years old and over, will security/off-duty police officers be hired, and if so list contact information.*

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Applicant's Name: _____ **Signature:** _____

Office Use Only:

Division Chief Review: ☐ YES ☐ NO **Initials**: _____ **Date**: _____

Approved by ATES: ☐ YES ☐ NO **Initials**: _____ **Date**: _____