

Special Event Permit Application

New York State Liquor Authority

Landlord Authorization Form

Date(s) of event: _____

Name of Applicant: _____

Venue Name: _____

Venue Street Address: _____

Venue City and zip code: _____

By my signature, I acknowledge that I am the landlord/owner of the applied for premises, or that I am a duly authorized representative of the landlord/owner, to sign this landlord authorization form. I hereby grant permission for the sale or services of alcoholic beverages by the applicant for consumption on said property.

Brookfield Properties

Print Name of Landlord/Owner

Print Your Name and Title

Signature & Date