DATE

Name of City Clerk, City Clerk
Municipality Name
Street Address
City, State ZIP

Dear City Clerk:

Per the guidelines for non-profit special event Alabama ABC permits, I am writing to inform you that YOUR ORGANIZATION’S NAME, EXACTLY AS IT APPEARS WITH THE ALABAMA SECRETARY OF STATE AND MATCHING YOUR APPLICATION, will be hosting the NAME OF YOUR EVENT at NAME OF VENUE, located at STREET ADDRESS, CITY, STATE ZIP, on MONTH DAY, YEAR from START TIME – END TIME. Notification to the governing body of the jurisdiction of the intent to apply for a special events license is required. Please accept this letter of said notification.

Sincerely,

NAME AND TITLE OF PERMIT AUTHORIZED TO SUBMIT