



29 Palms Visitor's Center & Chamber of Commerce

Mixer Application

Applicant/Business Information:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Business Name: _____ Mailing Address: _____
Street Address

City State ZIP Code

Available Dates for 2019:

WINTER, Saturday, February 16. **SPRING**: Saturday, May 18. **SUMMER**: Saturday, August 17.

Entertainment & Food:

Will there be Entertainment? _____
If so, what type? _____

What kind of food will you provide? _____

Additional Information (Raffle Prizes, Games, etc.): _____

Would you like us to provide an Alcohol License to sell Alcohol? _____ Or

****All Entertainment & Food is provided by you, and your business.****

ADDITIONAL INFORMATION:

Please provide any additional information about your business here.

