

Delta City76 N 200 W
Delta, UT 84624
435-864-2759, 435-864-4313fax

Application to Appear

APPLICANT INFO	RMATION	
Applicant Name	Millard County	
Contact Name	Kevin Morris	
Contact Number	435 979- 6950	
Contact Email	kmorris@co.millard.ut.us	
Mailing Address	1307 854	
City, State, Zip	Della, Ut. 84624	
APPEARANCE INI	FORMATION	
Request to appear X City Council		Other:
Date you wish to ap	opear: April 19, 2023	
Subject Summary:	Beer Garden and Fair Ground Events	
Subject Detail: Be as specific as possi	ble, with as much detail as possible. Include any	documents, maps, etc.
	permission for Millard County to host a "lume alcohol) at the Millard County Fair G	
o .		
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Action Requested:	Discussion and decision	
Applicant Signature	Kenin W) ours	Date <u>4-13-23</u>
This application and a that you wish to attend	ll applicable documents must be received (8) d.	eight days prior to the scheduled meeting
Received by:	A-23-413-33 For City Use	Date: