

PERMIT FOR USE OF ALCOHOL ON CITY PROPERTY

Date of Application _____

Application Period _____ to _____

Single Date _____ Regular Dates _____

Applicant Name _____ Phone _____

P.O. Box _____ Street _____

City _____ State _____ Zip _____

Organization _____ Phone _____

P.O. Box _____ Street _____

City _____ State _____ Zip _____

Description of Event: _____

City Property Location: _____

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I understand this permit is valid only for the dates and times listed above. In requesting permission to have alcohol on the City property named above I agree to abide by the conditions listed on this permit and use the premises only for the purposes stipulated. I also understand all persons participating in this activity must abide by all City, State and Federal laws governing the possession and consumption of alcoholic beverages.

Permittee Signature _____

| | |
|---|------------|
| Approved by: | Permit #: |
| Deposit Amount: | Date: |
| Deposit Return Authorization: | Date: |
| Deposit Returned: | Date: |
| Fee Amount: \$ | Receipt #: |
| Insurance Certificate Number and Copy Attached: | |