

APPLICATION FOR PERMIT FOR POSSESSION AND CONSUMPTION OF ALCOHOLIC BEVERAGES IN CITY PARK

I. GROUP, ASSOCIATION, OR ORGANIZATION INFORMATION

NAME OF ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

II. CONTACT PERSON INFORMATION

NAME _____ POSITION WITH ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

III. EVENT INFORMATION

TYPE / PURPOSE OF EVENT _____

LOCATION OF EVENT _____ ESTIMATED NUMBER TO ATTEND _____

DATE(S) OF EVENT _____ TIME(S) OF EVENT _____

ALCOHOLIC BEVERAGES WILL BE: _____ SERVED OR _____ SUPPLIED BY PERSONAL MEANS OF THOSE ATTENDING

EXPLAIN _____

FOR EVENTS IN WHICH THE ATTENDANCE IS ESTIMATED TO BE 25 OR MORE PERSONS, THIS PERMIT MAY BE CONDITIONED UPON EMPLOYMENT OF OFF-DUTY POLICE OR OTHER APPROVED SECURITY. THE CHIEF OF POLICE OR HIS DESIGNEE MAY, UPON DOCUMENTED COMPLAINT OR VIOLATION OF THE LAW, SUSPEND AND CONFISCATE THE PERMIT. PERMITS ARE NON-TRANSFERABLE.

IV. APPROVAL / DISAPPROVAL

DIRECTOR OF PARKS / RECREATION _____ DATE _____ APPROVED _____ DISAPPROVED _____

COMMENTS _____

CHIEF OF POLICE _____ DATE _____ APPROVED _____ DISAPPROVED _____

OFF DUTY POLICE OR OTHER SECURITY REQUIRED _____ YES _____ NO
ARRANGEMENTS FOR SECURITY COMPLETE _____ YES _____ NO

COMMENTS _____

CITY MANAGER _____ DATE _____ APPROVED _____ DISAPPROVED _____

COMMENTS _____