

Alcoholic Beverage Consumption In Public Area

Date of Application

Business Name
(If applicable)

First Name

Last Name

Mailing Address

City

State

Zip Code

E-mail

Phone

Type of Event

Event Location

Start Date & Time

End Date & Time

Fee 1-day \$10 (Day Ends at Midnight)
2-day \$20
Other _____ (\$10 per day)

Applicant Signature

FINANCE OFFICE APPROVAL

Copies Provided To:

Applicant - Post form at event

Police Dept

Fire Dept

Street Dept

Traffic Dept

Parks & Rec Dept

Approved by
Finance Director: _____ Date: _____