



REQUEST FOR ALCOHOL AGREEMENT

Organization / Group: _____

Contact Person: _____

Phone: _____ Email: _____

Event Name: _____

Date (s) of Event: _____ Location: _____

Description (provide as much info as possible): _____

PUBLIC EVENT PRIVATE EVENT

1. Will alcohol be sold at the event? Yes No

2. Approximate number of guests attending the event: _____

3. Please select the type(s) of alcohol to be at event?

Beer Wine

****Hard liquor is prohibited in District parks and facilities.**

4. Where would the alcohol be located during the event?

5. Are you able to obtain an ABC permit and Liquor Liability Insurance?

Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____