



ALCOHOL APPLICATION FOR GARRISON PARKS

APPLICANT INFORMATION:

Name of Applicant: _____ DOB: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

EVENT INFORMATION:

Type of Event: _____ Date of Event: _____ Time of Event _____ to _____

Hours when alcohol will be served: _____ to _____

Location of Event: _____

Event Details:

Is this event: Private By invitation only Public

Is the event organizer: Individual For-profit Non-profit

Will there be a charge for your event or for drinks? Yes No

Type of alcohol to be served or sold: _____

Estimated number of attendees/invitees: _____

By signing below, the applicant agrees:

1. To provide proof that they are 21 years of age or older
2. To be personally responsible that underage persons will not obtain alcoholic beverages and that service will be immediately halted to persons under the influence of alcohol.
3. To defend, indemnify, and hold harmless the City of Garrison, Garrison Parks & Recreation, its employees and agents, for all liability claims arising out of this event.
4. To be personally responsible for any repairs necessary as a result of the event.

Signature: _____ Date: _____

For Park Use Only:

Approved by: _____ Date: _____

One copy of this needs to be taken to the police department.