

## **BEER GARDEN APPLICATION**

| Application Date:                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of Event:                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                     |
| Event Sponsor:                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                     |
| Certificate of Insurance: $\Box$ Attached $\Box$ Requested to be                                                                                                                                                                                                                                                                            | e sent to City                                                      |                                                                     |
| City listed as additional insured for event   Agency:                                                                                                                                                                                                                                                                                       |                                                                     |                                                                     |
| Dates of Event: From:1                                                                                                                                                                                                                                                                                                                      | Го:                                                                 |                                                                     |
| Hours of Operation: From:1                                                                                                                                                                                                                                                                                                                  | Го:                                                                 |                                                                     |
| Location: ATTACH DIAGRAM – Include dimensions                                                                                                                                                                                                                                                                                               |                                                                     |                                                                     |
| Security Provided by:                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                     |
| Alcohol Beverage/Catering Permit Application:   Submitted t                                                                                                                                                                                                                                                                                 | o City □To be                                                       | e determined                                                        |
| Alcohol Licensee:                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                     |
| Applicant Name:                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                     |
| Mailing address:                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                     |
| Phone: Email:                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                     |
| I hereby apply for an exception to Grangeville City Code. I have do Chief of Police or designee and agree to comply with all requirem Council. I understand the Police Department has the right of insp Police or designee, with good cause, has the authority to suspend of requirements, alcohol violations etc.) with a report forwarded | ents as specified b<br>ection at the locati<br>I the operation of t | y the Chief and City<br>on. The Chief of<br>he site (i.e. violation |
| Applicant Signature:                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                     |
| For City Use Only                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                     |
| City Clerk Signature:                                                                                                                                                                                                                                                                                                                       |                                                                     | $\square$ Denied                                                    |
| Police Chief Signature:                                                                                                                                                                                                                                                                                                                     |                                                                     | $\square$ Denied                                                    |
| ☐ Approved ☐ Denied Date:                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                     |
| Signature:                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                     |
| Mayor, City of Grangeville                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                     |