



# City of Stayton

## Application for use of alcohol at Stayton Community Center/ Jordan Bridge

### Alcohol Conditions:

In addition to the usual terms and condition set forth in the Facility Usage Application form, the following will also apply when alcohol is consumed:

1. An additional \$50 non-refundable Alcohol Application fee shall be paid in advance.
2. Applicant must be at least 21 years of age.
3. Only beer and wine may be served in bottles or cans.
4. If your event requires a Special Events License from the Oregon Liquor Control Commission(OLCC), **please call OLCC (503-872-5070) to determine if you need an OLCC License.**
5. Minimum of a \$1,000,000 insurance policy listing the City of Stayton as an additional named insured
6. A minimum of (1) private security guard is required at all events where alcohol is served. Submit an agreement/ invoice showing the name of the firm, the Department of Public Safety Standards and Training (DPSST) PSID #, and the names of the person(s) providing security at the event. Security must be contracted by a private licensed/bonded firm, certified through DPSST.
7. **All required paperwork must be submitted 21 days prior to event date. If not, permit will be denied.**

### Please Complete the Following:

Applicant: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Event Begins: \_\_\_\_\_ Ends: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Serving time of alcohol: From \_\_\_\_\_ to \_\_\_\_\_ Beverages to be served: \_\_\_\_\_

**Open to the Public?**  Yes  No

1. I agree, by signing this application, to accept any and all liability resulting from the service of alcoholic beverages during my event. I further agree to hold harmless the City of Stayton from any and all claims resulting from the service of alcoholic beverages during my event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE: CITY USE ONLY



Alcohol App. Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Initial: \_\_\_\_\_

Alcohol Cleaning Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Initial: \_\_\_\_\_

Security Contract Received-Date: \_\_\_\_\_ Info given to PD-Date: \_\_\_\_\_

Liability Insurance Policy received: \_\_\_\_\_ PD Sign off: \_\_\_\_\_

Copy of ID/Driver's License: \_\_\_\_\_