## **CITY OF AUBURN TEMPORARY LIQUOR LICENSE PERMIT APPLICATION**

## REQUIRED WITH THIS APPLICATION:

## PLEASE REVIEW THE CITY OF AUBURN'S LIQUOR CODES PRIOR TO COMPLETING THIS APPLICATION

- 1. Provide a map of the area where the event is to be held (actual photograph or hand drawing accepted)
- 2. Provide a letter from the owner of the premises giving consent
- 3. Include a security plan pre-approved from the Auburn Police Chief, that outlines where alcohol will be served.

AUBURN POLICE CHIEF SIGNATURE\_\_\_\_\_\_ DATE: \_\_\_\_\_

- 4. Provide procedures for assuring no alcoholic beverages will be sold or delivered to minors
- 5. Provide documentation assuring alcoholic beverages will be served only by person(s) 21 years of age or older
- 6. A check or money order for the appropriate fee (\$25.00 for license and \$15.00/each day permit is used
- 7. Copy of current dram shop liability insurance

	calendar days prior to the	first date of issuance of the licen	business hours (Monday-Friday, 7:30am- se or a \$50.00 late fee will apply. <i>NO</i>
EVENT INFORMATION:			
Business Contact Name & Numb	er		
Event Address			
Provide <u>DATES</u> and <u>TIMES</u>			
Purpose of Event		·	
Describe event area: (Map required showing area to be closed / barricade locations)	pe		
Anticipated size of this event?			
Are utilities needed (water, pow etc)?	er 		
Is City equip required? (Picnic tables, electrical boxes etc)?			
Is Police presence requested?			
Is a noise permit needed? IF YES provide the times when amplifie sound will BEGIN and END			
MANAGER AND SECONDARY CONTACT II	NFORMATION	elteri etikasiji	THE REPORT OF THE PARTY.
Business Contact Signature		Phone	
Secondary Contact name		Phone	
For Office Use Only:	ACCEPTAGE STATE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN
Mayor's Approval	Date:	Denied:	Date:
Date Paid:	Amount Paid:		