TEMPORARY ALCOHOL Permit – Not for Profit APPLICATION

TEMPORARY ALCOHOL PERMIT - NOT FOR PROFIT PRIVILEGES allows you to:

- Serve Alcohol in a City of Astoria Parks and Recreation managed Hall or Park for
 - Approved facility permit application and rental fees
 - Provide alcohol for free
 - an OLCC Special Event Permit is required

TEMPORARY ALCOHOL PERMIT – NOT FOR PROFIT PRIVILEGES does NOT allow you to:

- Serve Alcohol in a City of Astoria Parks and Recreation managed Hall or Park for
 - a profit/fundraiser
 - events that charge admissions or sell tickets to entry
 - events for an exclusive group or club that charges annual dues

•	Process Time: Please read the instructions. APRD needs your completed application in sufficient time to approve it. Sufficient time is typically 2 to 4 weeks before the first event date listed in #8 below (some events may need extra processing time). APRD may refuse to process your application if it is not submitted in sufficient time for the APRD to investigate it. APRD Permit Fee: \$75 per permit day or any part of a permit day. Make payment by check or money order, payable to APRD. A permit is valid only for the duration of the facility rental.						
1.	ELIGIBILITY:						
	Do you plan on charging for alcohol at your event? (Including allowing a tip jar, donations, or tickets for admission)						
	□ No						
	☐ Yes.						
	Applicant Name:						
	Email:		4. Fax:				
	Contact Person:	6. Contact Phone:					
	Event Name:						
	Date(s) of event (no more than seven days): Start/end hours of alcohol service: □ am □ pm	to	□ am □ pm				
			<u> </u>	7in			
10.	J. Address of Special Event:	City		Zip			
11.	1. Is the event outdoors?						
11a. If any part of the event is outdoors, submit a drawing showing the permitted area and how the boundaries of the permitted area will be identified. <i>Please note, Hall Reservations in parks DO NOT provide reservation of the surrounding park!</i>							
12. Describe the primary activities within the permitted area:							
13.	B. Will minors be allowed at the event? ☐ Yes ☐ No	<u> </u>					
14	14. If yes, will minors and alcohol be allowed together in the same area? \square Yes \square No						
15.	15. What is the expected attendance per day in the permitted area (where alcohol will be sold or consumed)?						

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PLAN TO MANAGE THE SPECIAL EVENT LICENSED AREA					
16. Describe your plan to prevent problems and violations:					
20, 5 000, 100, 100, 100, 100, 100, 100,					
17. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of					
the licensed premises prohibited to minors:					
18. Describe your plan to manage alcohol consumption by adults:					
ALCOHOL MANAGERS					
19. All applicants must list the name(s) of alcohol manager(s) on-duty and in the permitted area.					
An applicants must list the name(s) of alcohol manager(s) on-duty and in the permitted area.					
LIQUOR LIABILITY INSURANCE					
If the permitted area is open to the public and expected attendance is 301 or more per day in the permitted area, the event					
must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168).					
20. Insurance Company:					
21. Policy #: 22. Expiration Date:					
MARIJUANA					
23. Will marijuana (such as use, consumption, samples, give-away, sale, etc.) be allowed on the special event permitted					
premises or be part of the event or an adjacent event? \square Yes \square No					
FOOD REQUIREMENTS					
Please read the instructions to determine the food requirements.					
24. Will you serve distilled spirits by the drink?					
24a. If yes, list at least three different substantial food items that will be provided:					
1. 2. 3.					
24b. If no, list at least two different substantial food items that will be provided:					
1.					

SIGNATURE						
I affirm that I am authorized to sign this application on behalf of the applicant.						
26. Name (please print):						
27. Signature:		28. Date:				
APRD USE ONLY						
The City of Astoria Parks and Recreation Department recommends:						
Grant Acknowledge Deny (attach written explanation of deny recommendation)						
ContactPerson:						
Phone Number or Email:						
Signature:		Date:				
FORM TO APRD						
This permit is valid only when signed by an APRD representative. Submit this form to the ARC office at 1555 W Marine Dr.						
Astoria OR 97103						
APRD USE ONLY	Date:	Receipt #:				
Fee Paid:						
permit is: Approved Den	ied					
APRD Signature:		Date:				