

City of Kellogg Alcohol Permit Application

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Event or Purpose of Application: _____

Address or Location of Event: _____

Name of Person Responsible for Event: _____

Phone: _____

Alcohol will be served:	Date	Beginning	Ending
	_____	_____ a.m. / p.m.	_____ a.m. / p.m.

Signature of Applicant

Date

* Alcohol Permit

An Alcohol Permit authorizes the consumption of alcoholic and malt beverages in the City Park.

* The permit applicant shall strictly adhere to the requirements imposed by the city council and with the state statutes, particularly those dealing with persons under the age of twenty-one years and consumption of alcoholic liquor or malt beverages.

For City Use Only

Date Received _____ Amount \$ _____

Submitted to Police _____ Approved _____ Denied _____

Submitted to Mayor _____ Approved _____ Denied _____

Special Conditions _____

Approved by: _____ Date: _____

Signature