

CITY OF DOUGLAS

ONE-DAY ADDITIONAL DISPENSING ROOM PERMIT APPLICATION

This permit authorizes any liquor license holder to dispense and sell alcoholic or malt beverages in one (1) additional dispensing room in the same building licensed by the original liquor license.

INFORMATION REGARDING APPLICANT:

Name of Liquor Licensee and D/B/A: _____

Name of Primary Contact Person: _____

Address: _____ City: _____ State/ZIP: _____

Business Phone Number: _____ Cell Phone Number: _____

INFORMATION REGARDING EVENT:

Type of event to be held: _____ Approximate # of people attending: _____

Date permit will be used: _____ Hours of permit: _____ to _____ (am/pm)

Location within licensed premise where permit will be used (define boundaries via an attached map or diagram showing additional dispensing room):

Security/control/supervision measures to be used in addition to required wristbands (e.g. ID scanner; other means to check IDs; monitoring in place; limited number of entrance/exits; clear cups; etc.): _____

Any person, organization, or licensee who is issued a permit hereunder, shall by operation of the issuance of the permit, indemnify and hold the City, its employees, agents and representatives, including members of the City Council in their representative capacities, harmless from any liability, loss or damage which may be incurred as a result of claims, demands, costs, or judgments arising out of, connected with, or concerning the issuance, use or existence of the permit.

SIGNATURE OF APPLICANT
FOR OFFICE USE ONLY

Permit Fee \$25 _____

Receipt # _____

DATE OF APPLICATION

Date Received _____

Date of Approval _____

License # Issued _____

******STAFF COMMENTS******

CITY ADMINISTRATOR

ADMINISTRATIVE SERVICES DIRECTOR

CITY CLERK

CHIEF OF POLICE

PUBLIC WORKS DIRECTOR

COMMUNITY DEVELOPMENT/PLANNING DIRECTOR
