

City Received
 Date ____ / ____ / ____
 By: _____



City Recorder's Office

925 Main Street
 Lebanon, OR 97355
 (541)258-4264
kscheafer@ci.lebanon.or.us

CITY PARK ALCOHOL PERMIT APPLICATION (Lebanon Municipal Code 12.12.020
 – 12.12.028)

Applicant Information (Please print clearly):

Name of Applicant:	ODL #: <i>(must provide to complete background check)</i>
Name of Organization:	Daytime Phone:
Mailing Address:	Email:
City/State/Zip:	Emergency Contact Name & Number:

Event Information

Date of Event:	Times: From: _____ To: _____
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Park Name & Location of Liquor Serving Area:

Describe in detail the park area in which you intend to distribute/consume alcohol (attach a diagram of the area):

Required Attachments (If Applicable):

- Park Reservation Receipt *(contact City Parks Reservations Line at 541-258-4917)*
- City Alcohol Permit Fee Receipt *(paid at the same time as filing this application)*
- Certificate of Liability Insurance naming the City of Lebanon as additionally insured *(\$1 million coverage)*
- OLCC Liquor Application for Temporary Use or Special Event License *(required for licensed OLCC customers)*

I AM AT LEAST 21 YEARS OF AGE AND HAVE THE AUTHORITY TO REPRESENT THE ORGANIZATION LISTED. I UNDERSTAND THAT I MUST SUBMIT THE REQUIRED ATTACHMENTS LISTED PRIOR TO PERMIT APPROVAL.

Applicant's Signature _____ **Date** _____

FOR CITY RECORDER'S OFFICE USE ONLY			
Passed Background Check <input type="checkbox"/>	Police Notified <input type="checkbox"/>	Maintenance Notified <input type="checkbox"/>	Provided Permit to Post <input type="checkbox"/>