



City of Paso Robles Community Services Department
 600 Nickerson Drive • Paso Robles, CA 93446 • (805) 237-3991 • FAX (805) 237-6424
 www.prcity.com/recreation

**APPLICATION FOR USE OF ALCOHOLIC BEVERAGES
 IN AND AROUND CITY FACILITIES**

Note: This Is Not a Permit to Sell Liquor

Please read the City of Paso Robles' policies and procedures on the Application for Use of Facilities before filling out this application. A \$25 non-refundable processing fee must be submitted with this application. Security may be required for your event. This form must be submitted no less than 30 days prior to your event.

Date of Event: _____ Day: Mon Tue Wed Thu Fri Sat Sun

Start Time: _____ am/pm **TO** End Time: _____ am/pm

Facility: _____ Area: _____

Description of Event: _____ **Estimated Attendance:** _____

Organization Name: _____

Applicant's Name: _____
 (Applicant must be at least 21 years of age)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Type of alcohol to be served: Beer Wine Champagne Hard liquor

Method of distribution: Sold Catered Provided by applicant/participants

If sold or catered, by whom? _____

If SOLD, person MUST obtain a State of California ABC License and City of Paso Robles Business License. Security personnel MAY be required as determined by the Chief of Police. The person to whom this permit issued must be present at all times during the hours of the function and shall be the person responsible for the conduct of persons attending the function.

I understand that approval of this request is contingent upon our observance and enforcement of any and all rules and regulations of the City as well as those of the Alcoholic Beverage Control Board pertaining to the serving of alcoholic beverages, and hereby agree to accept full responsibility and enforcement of such rules and regulations.

Signature of Applicant: _____ **Date signed:** _____

Approved: _____ Director of Community Services Department	Date: _____
Approved: _____ Chief of Police or Designee	Date: _____
Payment Method: Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	
Number of security needed: _____	