



City of Paso Robles Community Services Department  
600 Nickerson Drive • Paso Robles, CA 93446 • (805) 237-3991 • FAX (805) 237-6424

**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. 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? \_\_\_\_\_

Has your organization ever applied for an Alcoholic Beverage Permit before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

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 Library and Recreation Services	Date: _____
Approved: _____ Chief of Police or Designee	Date: _____
Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	
Security may be required for your event. Number of security needed: _____	