



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

City Alcohol Permit

Applicant: _____
First Middle Last

Date of Birth: _____ Resident of City of Mt. Angel Non Resident

Driver's License No./Identification No.: _____ Expiration Date: _____

Physical and Mailing Address: _____

City: _____ Zip Code: _____ Email address: _____

Phone No.: _____ Cell: _____

Co-Applicant: _____
First Middle Last

Date of Birth: _____ Resident of City of Mt. Angel Non Resident

Driver's License No./Identification No.: _____ Expiration Date: _____

Physical and Mailing Address: _____

City: _____ Zip Code: _____ Email address: _____

Phone No.: _____ Cell: _____

Date Requested: _____ **Hours:** _____:_____ am/pm **To:** _____:_____ am/pm

Location of Event:

- Community Meeting Room Berchtold Park
- Ebner Park Humpert Park Fisher Park
- Saalfeld Family Park Street Closure: _____ (include map)
Name of Street (s)

Approximate number of people expected to attend: _____

Certificate of Insurance naming City as additional insured for one-million dollar (\$1,000,000) minimum liability attached: YES NO

I hereby apply for a City of Mt. Angel Alcohol Permit. I have read, and I understand and agree to comply with all rules and regulations set forth by the City of Mt. Angel. I am at least twenty-one (21) years of age. I will not furnish alcoholic beverages to minor children and will accept responsibility for all people who attend this event. I further understand that this permit is revocable at anytime and that the permit is not transferable. I also understand that the City rules and regulations are subject to change without notice.

I hereby agree to protect, indemnify, and defend the City, its authorized agents, elected and appointed officials, and all employees against any and all claims as a result of persons attending any function at the City Owned Facility. I understand that City approval of this permit is not related to any requirements of the Oregon Liquor Control Commission.

I further agree to abide by the Mt. Angel Code of Ordinances and I accept responsibility for any violations as they may relate to this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Payment <input type="checkbox"/> \$25.00	Receipt No.: _____	Received by: _____	Date: _____
Reviewed by: _____	Date: _____		
Chief of Police or Designee			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____	Date: _____
City Administrator or Designee			