



PERMIT TO CONSUME ALCOHOL ON SHIRE OF YORK PROPERTY

Organisation:
Address for correspondence:

NOMINATED INDIVIDUAL RESPONSIBLE FOR THE PERMIT TO CONSUME AND/OR SELL ALCOHOL

Name:	Telephone:	
Address:		
Location of the function:		
Date of function:	Start time:	Finish time:
Type of function:	Expected Attendees:	

ALCOHOL

Method of Distribution	<input type="checkbox"/> Supply	<input type="checkbox"/> Sale	<input type="checkbox"/> Bring Your Own
What type of drinks will be available?			
<input type="checkbox"/> Non-Alcoholic	<input type="checkbox"/> Low Alcoholic	<input type="checkbox"/> Full Strength	
<input type="checkbox"/> Wine	<input type="checkbox"/> Beer	<input type="checkbox"/> Spirits	
If selling alcohol, have you applied for a Liquor License?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor License Number:			
Have you liaised with local police in regard to your event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECURITY AND SAFETY

What security/safety measures will be undertaken to protect both Council property and members of the public?

Availability of Security Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Restriction of alcohol to underage persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Minimum of 1 Security Person per 100 guests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adequate lighting around the bar and site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adequate security around bar and site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Licensed public building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Maximum patrons:

FOOD

What type of food do you intend to make available?
What times will food be available?

I hereby make an application to consume alcohol at the above-mentioned function.

Signature

Date

For office use only: GL:111218 FEE: \$40.00
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Authorised Officer _____ Signature _____ Date _____
Letter completed <input type="checkbox"/> Yes
Date Sent _____