



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 regards 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 | |
| Licenced 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: |
| Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> |
| Authorised Officer _____ Signature _____ Date _____ |
| Letter completed <input type="checkbox"/> Yes |
| Date Sent _____ |