



PERMIT TO CONSUME ALCOHOL ON SHIRE OF YORK PROPERTY

File No: _____

Record No: _____

APPLICANT

Name:		Telephone:	
Address:			
Email:			
Location of Function:			
Date of Function:		Start Time:	
Type of Function:		Expected No:	

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"/> Wine	<input type="checkbox"/> Low Alcoholic <input type="checkbox"/> Beer	<input type="checkbox"/> Full Strength <input type="checkbox"/> Spirits
If selling alcohol, have you applied for a Liquor Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor Licence No:	
Have you liaised with local police about your event?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

SECURITY AND SAFETY

What security/safety measures will be undertaken to protect 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 the bar and site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Licensed Public Building:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Max Patrons:	

FOOD

What type of food do you intend to make available?	
What times will food be available?	
\$40 Application Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT

I, _____ as the event organiser, accept full responsibility of the facility and/or reserve during the specified hire period and will ensure compliance with the Shire's conditions of hire and local laws. I will indemnify the Shire of York against any action, suit or proceeding caused by my failure to observe all statutory and other requirements or as a result of my negligence or wilful actions. I will ensure the appropriate liability and other insurances are in place for the activities to be conducted.

Signed: _____

Date: _____

OFFICE USE ONLY

Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Officer Authorisation:	Signature:	Date:
Letter Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Sent:		
GL: 111218		
Fee Paid: \$40.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipt No:		