

City of Sidney, Nebraska

1115 13th Avenue P.O. Box 79 Sidney, NE 69162 Phone (308) 254-5300 Fax (308) 254-3164



APPLICATION FOR CONSUMPTION OF ALCOHOL ON CITY PROPERTY

This application request must be accompanied by an APPLICATION FOR USE OF CITY PROPERTY.

City approval is needed for serving and consuming alcohol on city property, which includes city buildings, parks, historic sites, streets and/ or right-of-ways. Alcohol at the Sidney Aquatic Center and city sports complexes (baseball fields, soccer fields, tennis courts, etc.) is NOT allowed.

Alcohol at this event is going to be (check one):

- Provided free to adults over 21 (Complete **SECTION A** of this form)
- Sold to adults over 21 (Complete **SECTION B** of this form)

SECTION A

Date of event:

Hours of event:

Location of event:

Alcohol to be served: Beer Wine Other (specify)

Will minors be present? Yes No If yes, what measures will be in place to ensure that State laws and local ordinances will be complied with regarding minors?

The adult applying for this permit shall be responsible for carrying out all of the provisions of this permit and ensuring that all State and local laws regarding alcohol are complied with and by signing this application acknowledges such.

Name of responsible party (please print):

Address:

Phone:

Signature:

Date:

FOR CITY USE ONLY

Permit approved

Permit denied

City Manager Signature: _____

SECTION B

Date of event:

Hours of event:

Location of event:

Alcohol to be served: Beer Wine Other (specify)Will minors be present? Yes No If yes, what measures will be in place to ensure that State laws and local ordinances will be complied with regarding minors?

The event sponsor and/or the liquor licensee applying for this permit shall be responsible for carrying out all of the provisions of this permit and ensuring that all State and local laws regarding alcohol are complied with and by signing this application acknowledges such.

Name of applicant:**Name of organization:****Address:****Phone:**

Liability Insurance Company name (attach proof of insurance):

Liquor Licensee:**Address:****Phone:**

Insurance Company name (attach proof of insurance):

Signature of Applicant:**Date:*****Signature of Liquor Licensee (if applicable)*****Date:**