CITY OF EAU CLAIRE PARKS
ALCOHOL APPLICATION (Ch. 9.59)

If required, fill out form completely and submit to the Eau Claire Recreation Office.

FORM INFORMATION

- Fill out the form below and submit to the Eau Claire Recreation Office if:
  - ☐ You are requesting alcohol (any type) at your event in Phoenix Park
  - ☐ You are requesting beer kegs or intoxicating liquor at your event in Carson Park, Mt. Simon Park, Riverview Park, or Rod & Gun Park
- This form is NOT required, but you must contact the Recreation Office at least 10 days prior to your event if:
  - ☐ You are requesting carry-ins of fermented malt beverages or wine at your event in Carson Park, Mt. Simon Park, Riverview Park, or Rod & Gun Park

SUMMARY OF EVENT

CONTACT

Name:

Address: Email:

Cell Phone: Other Phone:

Driver's License # (ONLY IF requesting kegs):

EVENT DETAILS

Check one: ☐ Private Event (Invite only) ☐ Public Event (Open to all)

Location (list exact pavilion name):

Event Name: Event Date:

ALCOHOL REQUEST INFORMATION

Type of Alcohol Requested:

☐ Fermented malt beverages ☐ Wine ☐ Intoxicating Liquor

☐ Beer Kegs ($40 Beer Permit fee applies) (# of ½ barrel kegs, max of 2: _____)

Hours of alcohol consumption or service (allowed 11am – sunset):

Type of Alcohol Service Requested:

☐ Allow carry-ins of alcohol checked above (up to 48 ounces per person)

☐ Serve alcohol checked above to my guests (free of charge)

☐ Sell alcohol checked above (additional permits apply)

AGREEMENT

The applicant agrees to hold harmless and indemnify the City of Eau Claire, its officers, agents, and employees for any and all types of claims, actions, or expenses arising out of the applied for activity; and agrees to defend the City, its officers, agents and employees, at no cost to the City should any claim or action be asserted.

The applicant agrees to pay actual costs of clean-up, if additional clean-up is required as a result of the applicant's use of City facilities.

Signature of Event Organizer Date

OFFICE USE ONLY (Applicant leave blank)

Received:	Meeting Date & Initials:
Booking Number:	Permit #:

Approval by Director or Designee Date

PAYMENT INFORMATION (Will be removed after payment is processed)

☐ Discover	☐ MasterCard	☐ Visa
Card #:	Expiration Date:	Billing Zip Code:
Cardholder Signature:		**Date:**

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