

FORD FAMILY ROOM – ALCOHOL USE APPLICATION

~ ~ \$10.00 Fee ~ ~

EVENT INFORMATION		
Name of Event:		
Address of Event:		
Date(s) of Event:	Hours of Operation:	Total Number of Days:
Expected Attendance:	Is this a Non-Profit Event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the City a sponsor for this event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONTACT INFORMATION		
APPLICANT INFORMATION: (Authorized Agent of Sponsor and Primary Contact for Event)		
Organization Name (if applicable):		
Contact Name:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		
DAY-OF-EVENT COORDINATOR		
Contact Name:		
Email Address:	Phone Number on Day of Event:	

ACTIVITY INFORMATION
Provide DETAILED information below regarding your event: (attach additional pages if necessary)
Activity:

OLCC REQUIREMENTS
Complete the questions below. Applicant will need to submit an OLCC Temporary Sales Permit that requires City approval before returning the form to OLCC. The application must be received a minimum of seven (7) days prior to the event.
Indicate below the arrangements you have made for the following:
Dispensing:
Security:
Confinement:
APPLICANT OBLIGATIONS: Alcohol sold, dispensed and consumed at the event must be limited to beer and wine and authorized by an OLCC Temporary Sales Permit. Applicant is responsible for obtaining all additional permits, licenses and insurance certificates required prior to the issuance of this Event Permit:

Alcohol may only be served by individuals who possess a current valid OLCC Server's Permit, or charitable or non-profit organizations with proof of having a Registry Number issued by the Secretary of State and an OLCC Temporary Sales Permit, may use volunteer servers who have received training from the applicant and signed the OLCC brochure provided for such volunteer services.

INSURANCE

Applicant shall maintain in force for the duration of the event a Commercial General Liability insurance policy written on an occurrence basis with limits not less than \$2,000,000 per occurrence and \$4,000,000 in the aggregate for bodily injury or property damage. **The insurance coverage shall include liquor liability.**

The following language must be included in the "Description of Operations/Location."

"The City of Roseburg, its Officers, Agents and Employees are included as additional insured in regard to Liability arising out of the operations of the named insured per Policy Provisions in regard to the [Event Name] on [Date(s) of Event]."

CERTIFICATE HOLDER:

*City of Roseburg
900 SE Douglas Ave
Roseburg, OR 97470*

HOLD HARMLESS

Applicant shall defend, indemnify and hold harmless, the City of Roseburg, its officials, employees and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of or in connection with the Applicant's activity or event, including use of any premises, or from any activity, work or things done, permitted, or suffered by Applicant in connection with the applicant's activity or event, including use of any premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Roseburg.

Face Amount of Policy:

Policy Holder (s):

Additional Insured:

SIGNATURE

By signing and dating below, the applicant certifies that they understand and will comply with all of the requirements described in this application. Please note that we require a **minimum of 5 business days** to process the application. Incomplete or missing information will delay the review process.

Applicant's Name:
(Please Print)

Date:

Applicant's Signature:

Phone Number:

Payment must be submitted with application to: City of Roseburg

Mailing Address: City of Roseburg, Administration, 900 SE Douglas Ave., Roseburg, OR 97470

APPROVALS

POLICE CHIEF OR DESIGNEE: _____ DATE: _____

Conditions of Approval: _____

CITY MANAGER OR DESIGNEE: _____ DATE: _____

Conditions of Approval: _____

FOR OFFICE USE ONLY

Payment Received: Amount: _____ Date: _____ By: _____