



CITY OF GLENDALE

ALCOHOL PERMIT REQUEST FORM

Applicant's Name: Is Applicant is Over the Age of 21? Yes No
Organization's Name: Type of Organization: Non-Profit Commercial Other:
Applicant's Address: City State Zip Code
Phone: Cell: Email Address:

PLEASE FILL OUT ALL THE INFORMATION BELOW

Event Title/Name: Facility Requested:
Event Description: Date(s) Requested:
Is this an event for a minor under the age of 21 (i.e., Sweet 16, 10th Birthday Party, Graduation Party)? Yes No
Number of Guests/Participants/Spectators Expected: Maximum Number of Guests/Participants/Spectators at Any One Time:
Event Hours: Set up Time am/pm Rental Time am/pm Clean & Out By am/pm Total Hours am/pm
Is your event open to the public? Yes No If YES, is there an admission fee or charge? Yes No
If YES, please provide details:
Will this be a recurring event? Yes No If YES, please explain:

Will you have alcohol at your event? Yes No If YES, alcohol will be served from am/pm to am/pm
What type of alcohol (check all that apply): Beer Wine Champagne Distilled Spirits
How will you distribute the alcohol: Bar Set Up Table Set Up (Individual bottles on each table)
Will you be selling the alcohol or serving (free— no charge or fee for the alcoholic beverage) the alcohol? (Check only one): Selling Serving
Will your event be catered? Yes No
If YES, will the caterer be providing the alcohol? Yes No
If NO, will you be providing food at the event? Yes No
Will you be having music for your event? Yes No

Has this event or any other event hosted by the same applicant/organization ever been banned by the City of Glendale or another city: Yes No
If YES, Please explain:
Has law enforcement even been dispatched to this event or any other event hosted by the same applicant/organization: Yes No
If YES, please explain:

Note: Glendale Police Department may request a security plan based on the event description.

THIS IS AN ALCOHOL PERMIT REQUEST AND IT DOES NOT GUARANTEE OR CONFIRM APPROVAL. YOU WILL BE CONTACTED WITHIN THREE (3) BUSINESS DAYS REGARDING YOUR REQUEST. THANK YOU.

Print Name: Signature: Date:

- 1 The Applicant indicated on the Alcohol Permit Request Form must be at least 21 years of age. In addition, the Applicant must attend the event from beginning to end.
2 An ABC License will be required from the Department of Alcohol Beverage Control if: 1) the event is open to the public; 2) alcohol will be sold or there is an admission fee to the event; and/or 3) alcohol will be provided by a licensed caterer.
3 ALL Applicants/Organizations will be required to: 1) provide proof of insurance coverage or purchase insurance through the City; 2) sign an indemnity form; and (3) provide security personnel. Please contact the facility supervisor for more information.
4 An Amplified Sound Permit will be required.

STAFF: See "FOR OFFICE USE ONLY" Section on the Back of this Form

FOR OFFICE USE ONLY

DATE RECEIVED: _____ EVENT TITLE: _____ FACILITY REQUESTED: _____

DEPARTMENT REVIEW: APPROVED³: DENIED:

HOURS OF SERVING: _____ # OF SECURITY PERSONNEL REQUIRED: _____

ABC LICENSE REQUIRED: YES NO INSURANCE REQUIRED: YES NO

SPECIAL INSTRUCTIONS/CONDITIONS FOR EVENT: _____

STAFF NAME: _____ DATE: _____

RISK MANAGER REVIEW (Insurance Requirements): APPROVED DENIED

SPECIAL INSTRUCTIONS/CONDITIONS FOR EVENT: _____

STAFF NAME: _____ DATE: _____

GPD REVIEW (Special Events ONLY): APPROVED DENIED

SECURITY PLAN REQUIRED: YES NO

SPECIAL INSTRUCTIONS/CONDITIONS FOR EVENT: _____

STAFF NAME: _____ DATE: _____

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