ONE-DAY ALCOHOL USE REQUEST FORM

Applicant/Contact Person: _____ Organization: _____
Date of Event: _____ Beverages to be served: ____ Beer ___ Wine
(No hard alcohol permitted)

Acceptance of Legal Responsibility by the Applicant/Contact Person:

I understand that liability related to the service and/or sale of alcoholic beverages is not covered by the City of Washington's liability insurance policy. I further understand that under the laws of the Commonwealth of Pennsylvania, severe liability may result from the service and/or sale of alcoholic beverages. I agree, by signing this use request, to accept any and all liability resulting from the service and/or sale of alcoholic beverages during my event at any City of Washington facility or park. I further agree to hold harmless the City of Washington from any and all claims resulting from the service and/or sale of alcoholic beverages during this event.

I understand and agree, by signing this use request, to familiarize myself and to comply with all Pennsylvania laws and the regulations of the PLCB and the City of Washington's Alcohol Policy relating to the sale and/or service of alcoholic beverages in a City of Washington facility or park.

_____ _____
Applicant/Contact Person Signature Date

***Office Use Only**
_____Approved _____Denied Date: _____
Reason for Denial: _____
Authorizing Signature: _____/_____
Title:

*PLEASE NOTE:
PHOTO I.D. REQUIRED