



# Alcohol Permit Application Form

Date of Application: \_\_\_\_\_

## A. General Information

1. Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_
2. Name of Applicant or Applying Organization (Serving Alcohol): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Non-Profit Status ID# \_\_\_\_\_
3. Name of Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## B. Alcohol Service Information

1. Which alcoholic beverage products will be served and/or sold? Please check all that apply.  
Beer\_\_ Wine\_\_ Liquor\_\_ Plastic Cup \_\_ Bottle/Glass \_\_ Other \_\_\_\_\_
2. What area(s) will alcoholic beverages be served and/or sold? Please check all that apply.  
Hospitality/VIP Area \_\_ Entire Venue \_\_ Park \_\_ Street \_\_ Other \_\_\_\_\_
3. What are the times for consumption and service? \_\_\_\_\_
4. Will alcohol be advertised? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, how? Please check all that apply.  
Banners \_\_ Napkins \_\_ Signs \_\_ Posters/Fliers \_\_ Cups \_\_ Other \_\_\_\_\_

In addition to standard event forms and requirements, the following will also be required for events serving or selling alcoholic beverages.

- State of Florida 1-3 day alcohol temporary sales permit (or) current and active business license to sell alcoholic beverages.
- Liquor liability insurance from the company, individual or organization serving or selling alcoholic beverages
  - This insurance shall be in the amount of \$1,000,000 per occurrence and is to name the City of Tallahassee as additionally insured for the date of the event. The certificate holder shall be listed as: City of Tallahassee, 300 South Adams Street, Tallahassee, FL 32301. (This may be added to a General Liability policy)

I acknowledge that all of the above information is true and correct and that I will provide all necessary documentation as requested on this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_