



CITY OF WATERTOWN

Municipal Building
245 Washington Street
Watertown, NY 13601

PERMIT FOR CONSUMPTION OF ALCOHOLIC BEVERAGES IN A PUBLIC PLACE

DATE: _____

NAME: _____

ADDRESS: _____
Street City/Town State Zip

IF GROUP: NAME: _____ (Organization)

NAME: _____ (Point of Contact)

ADDRESS: _____ PHONE: _____

LOCATION OF EVENT: _____

REASON FOR EVENT: _____

DATE OF EVENT: _____ TIME: _____
From To

NUMBER OF INDIVIDUALS ATTENDING: _____

AGE GROUP OF ATTENDIES: _____

INSURANCE COVERAGE: Amount \$ _____
(If required)

Carrier _____

APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY SECTION 75-1 OF THE MUNICIPAL CODE OF THE CITY OF WATERTOWN.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

SIGNATURE OF PERSON AUTHORIZING PERMIT

TITLE