



City of Paso Robles Department of Library and Recreation Services
600 Nickerson Drive – Paso Robles, CA 93446 – (805) 237-3988 Fax (805) 237-6424

**APPLICATION FOR USE OF ALCOHOLIC BEVERAGES
IN AND AROUND CITY FACILITIES**

Please read the City of Paso Robles' policies and procedures on the Use of Facility Application before filling out this application. Type or print legibly. This form must be submitted no less than 30 days prior to your event. **A \$25 non-refundable processing fee must be submitted with this application, effective 4/20/05.**

Date applied: _____

Organization name: _____

Name of Applicant: _____
(Applicant must be at least 21 years of age)

Address: _____ City: _____ Zip: _____

Telephone (home): _____ Work: _____ Cell: _____

Has your organization ever applied for an Alcoholic Beverage Permit before? _____

If yes, when? _____

Park or City Facility requested: _____ Area: _____

Type of function: _____ Date of Event: _____

Estimated Attendance: _____ Time From: _____ am/pm To: _____ am/pm

Type of alcohol to be served: _____
(beer, wine, champagne, hard liquor)

Method of distribution: _____
(sold, catered, provided by applicant/participants)

If sold or catered, by whom? _____

If SOLD, person MUST obtain a State of California ABC License and City of Paso Robles Business License. Please note that 10% of gross income will be assessed by the City of Paso Robles. Security personnel MAY be required as determined by the Chief of Police. The person to whom this permit issued must be present at all times during the hours of the function and shall be the person responsible for the conduct of persons attending the function.

I understand that approval of this request is contingent upon our observance and enforcement of any and all rules and regulations of the City as well as those of the Alcoholic Beverage Control Board pertaining to the serving of alcoholic beverages, and hereby agree to accept full responsibility and enforcement of such rules and regulations.

Signature of applicant: _____ Date: _____

••••• PLEASE DO NOT WRITE BELOW – OFFICE USE ONLY •••••

By: _____ Date: _____
Director of Library and Recreation Services

By: _____ Date: _____
Chief of Police

Approved _____ Denied _____

Security may be required for your event. Number of security needed: _____

Application processing fee: \$25
Non-refundable

Payment Method: Check # _____ Cash Credit Card Money Order

NOTE: THIS IS NOT A PERMIT TO SELL LIQUOR