

Permit to Consume Alcohol on Shire of Murray Property

Organisation: _____

Address: _____

Nominated Individual responsible for the permit to consume and/or sell alcohol:

Name: _____ Telephone: _____

Address: _____

Date of Function: ____ / ____ / ____ Start Time: _____ Finish Time: _____

Type of Function: _____ Expected Number of Attendees: _____

Alcohol:

Method of Distribution: (Please Circle) Supply Sale Bring Your Own

What type of drinks will be available? (Please Circle)

Non Alcoholic: Yes/No

Low Alcoholic: Yes/No

Full Strength: Yes/No

Wine: Yes/No

Beer: Yes/No

Spirits: Yes/No

Security & Safety:

What security/safety measures will be undertaken to protect both Council property and members of the public?

Availability of Security Person Yes/No

Restriction of alcohol to underage persons Yes/No

Minimum of 1 Security Person per 100 Guests Yes/No

Adequate lighting around bar and site Yes/No

Adequate security around bar and site Yes/No

Food:

What types of food do you intend to make available: _____

When will food be available: _____

I hereby make application to consume alcohol at the abovementioned function:

Signature of Applicant: _____ Date: _____

Signature of Approving Officer: _____ Date: _____