

ALCOHOL PERMIT APPLICATION

TO SERVE AND CONSUME ALCOHOL ON CPRP PROPERTY

NAME OF APPLICANT			PHONE NUMBER () _____	DATE SUBMITTED
ADDRESS				
CITY	STATE	ZIP	FACILITY BEING USED	
TYPE OF ACTIVITY			GROUP NAME	
DATE OF USE	EXPECTED NUMBER OF PEOPLE ATTENDING		RANGE OF AGES OF GUESTS	
List names and ages of all individuals who will help supervise the function. It is strongly encouraged that one person be certified through the "Training for Interventions Procedures" alcohol training.				
Name:		Age:	Name:	
Name:		Age:	Name:	
<p>I am 21 years of age or older and the information I have provided herein is true and correct to the best of my knowledge. I have filled out and am submitting the required "Special Event Liability" form. I hereby apply for a permit to serve alcohol on CPRP property as indicated on this application form.</p> <p>I will be present for the duration of the function and understand and agree to the following:</p> <ol style="list-style-type: none"> 1. I will be responsible for proper traffic control and maintaining order at the facility, inside the building and/or on the grounds. 2. I will control the consumption of alcohol according to Wyoming law . 3. I will not allow minors to consume alcohol without parental permission. 4. I will not allow alcoholic beverages to be consumed in glass containers. 5. I hereby agree to indemnify and hold harmless the CPRP BOARD OF DIRECTORS and its agents for all liability claims arising out of the event and provide general liability insurance, with minimum limits equal to that of the CPRP's liability insurance. 				
APPLICANT'S SIGNATURE:			DATE:	
BOARD REVIEW AND APPROVAL			DATE:	
BOARD MEMBER SIGNATURE:				
BOARD MEMBER SIGNATURE:				
BOARD MEMBER SIGNATURE:				
BOARD MEMBER SIGNATURE:				
BOARD MEMBER SIGNATURE:				