



CITY OF EL MONTE
PARKS, RECREATION AND
COMMUNITY SERVICES DEPARTMENT

NON PROFIT USE
ALCOHOLIC BEVERAGE REQUEST FOR ONE TIME USE ONLY EVENTS

To be submitted at _____ council meeting for approval

Name of Organization: _____

Purpose of Event: _____ Facility: _____

Open to Public: Yes No Attendance: _____

Date of Event: _____ Hours of Event: _____

Alcohol Service Time: _____

Have you ever applied for a permit before? Yes No

Type of beverage to be served: _____
(Beer, Wine, Liquor, Champagne)

Will alcoholic beverages be sold? _____ Served at no cost? _____

It is requested that permission be given to this organization to serve alcoholic beverages at the above-mentioned event based on the information contained herein.

I understand this is an adult party and that this request is contingent upon City Council approval pertaining to the serving of alcoholic beverages, and hereby agree to abide by such rules.

Name of Applicant – Please Print

Phone Number

Address

City

Zip

Date

Signature of Applicant

FOR OFFICE USE ONLY

Date Received: _____

Approved and Scheduled By: _____

Date Forwarded to Dept Secretary: _____