

TOWN OF NEW MILFORD
MAYOR'S OFFICE
10 MAIN STREET
NEW MILFORD, CT 06776
PHONE # 860-355-6010
FAX # 860-355-6002

PERMIT # _____
ISSUE DATE: _____
FEE PAID/Check # _____

Application for
ALCOHOL PERMIT
ALL APPLICATIONS TO BE PRINTED

The undersigned owner or authorized agent hereby applies for permission to serve alcohol in accordance with Chapter §2B-2 of the New Milford Code of Ordinances. (Note: A State permit is also required for retail sale of alcohol.)

Request to serve alcohol at the following Town owned property/park:

Event Date: _____ Rain Date: _____

Requested Hours for Event: _____

Type of Event: _____

Number of Expected Guests/Participants: _____

Is there adequate parking available for number of guests? Yes No

Will police presence be necessary for traffic control? Yes No

Is a copy of the Certificate of Insurance attached to this application? Yes No

When necessary, there may be up to a \$200 bond required If Yes, amount enclosed: _____

Has your event been approved by the Board, Commission or Department
overseeing the property? Permit # _____ Approval Date: _____

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON(S) IN CHARGE OF AND RESPONSIBLE FOR EVENT SPONSORED BY SUCH CORPORATION OR ASSOCIATION:

NAME	ADDRESS	TELEPHONE NUMBER
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SIGNATURE OF APPLICANT, OR SIGNATURE AND TITLE OF OFFICER

APPROVED / DENIED: _____ DATE: _____

(Chief of Police)
If applicable: Side Duty Officer(s) Required: _____
Other: _____

APPROVED / DENIED: _____ DATE: _____

(Mayor)
If applicable, additional requirements: _____