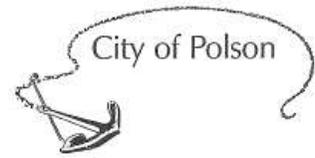




CITY OF POLSON

106 1st Street E., Polson, MT 59860
406-883-8200 Fax 406-883-8238
www.cityofpolson.com



PARKS DEPARTMENT ALCOHOL CONSUMPTION PERMIT

Park: _____ Facility: _____

Date Requested: _____ Date(s) to be used: _____

Name: _____ Phone Number: _____

Organization: _____ ID Check: _____

Address: _____ City: _____ State: _____ Zip: _____

The applicant, by signing below, agrees and certifies that:

(Initial) _____ Applicant will ensure that all participants comply with all laws and ordinances regulating the consumption of alcoholic beverages.

(Initial) _____ No underage person will be allowed to consume alcoholic beverages.

(Initial) _____ Anyone who appears legally intoxicated will be refused further alcoholic beverages and will be immediately furnished transportation home.

(Initial) _____ All alcoholic beverage containers will be properly disposed of.

(Initial) _____ Applicant will protect the City from any liability resulting from the breach of this agreement or from the consumption of alcoholic beverages on City property.

(Initial) _____ Applicant acknowledges this permit may be revoked for failure to comply with its terms.

(Initial) _____ Applicant acknowledges that issued permit must be present with applicant during event.

Waiver of Liability

I hereby certify that I have read and understand the policies and procedures regarding the use of public parks/facilities. I further agree to hold the City of Polson, its governing board, the individual members thereof and all officers, agents and employees free and harmless of any loss, damage, liability cost or expense that may arise during or be caused in any such use or occupancy of City property.

Applicant's signature: _____ Date: _____