



**APPLICATION FOR ALCOHOLIC BEVERAGES
POSSESSION, CONSUMPTION OR SALE
Town of Melbourne Beach
507 Ocean Avenue, Melbourne Beach, Florida 32951
Phone: (321) 724-5860 Fax: (321) 984-8994**

Please complete this form and return it to the Melbourne Beach Town Hall at the above address:

APPLICANT INFORMATION

1. Today's date: _____
2. Name of applicant: _____ Date of birth: _____
(I.D. required)
3. Organization: _____
4. Address: _____
5. Phone: (mandatory) _____ E-mail:(optional) _____
6. Alternate contact: (optional) _____
7. Phone: _____ E-mail:(optional) _____
8. Type of event: _____ Date of event: _____
9. Hours of event: From _____ to _____ (Including decorating time
and clean-up times).
10. Number of people expected to attend event: _____
11. Number of vehicles expected (approximate): _____
12. Which Melbourne Beach facility(ies) or park will you use? _____
13. Other pertinent information: _____

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- **YOU MUST HAVE A PERMIT FROM THE TOWN FOR THE SALE, POSSESSION OR CONSUMPTION OF ALCOHOLIC BEVERAGES (TOWN ORDINANCE #53)**
 - **YOU MUST HAVE LIABILITY INSURANCE IF ALCOHOL WILL BE CONSUMED AT YOUR EVENT.**
 - **YOU MUST HAVE LIABILITY INSURANCE IF 50 OR MORE PERSONS OR VEHICLES ARE INVOLVED. LIMITS AND REQUIREMENTS ARE OUTLINED IN CHAPTER 52 OF TOWN CODE.**
 - **A FEE MAY BE REQUIRED FOR THE USE OF TOWN SERVICES OR EQUIPMENT. APPLICANT WILL BE NOTIFIED OF SUCH A FEE PRIOR TO FINAL APPROVAL OF APPLICATION BY THE TOWN MANAGER.**

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the Terms set forth in this application, and the Ordinances of the Town of Melbourne Beach. I understand that failure to do so may lead to the cancellation of the event, the denial of future permit applications, and/or other legal action.

DATE

APPLICANT SIGNATURE AND AGREEMENT TO TERMS

Approval signatures required on back

APPROVAL OR DENIAL

COMMENTS

DATE	CHIEF OF POLICE – Recommend.	
DATE	PUBLIC WORKS – Recommend.	
DATE	FIRE CHIEF – Recommend.	
DATE	TOWN MANAGER – Approval or Denial	

Additional comments: _____

- CHECKLIST: _____ APPLICATION
_____ ALCOHOL PERMIT
_____ PHOTO I.D.
_____ LIABILITY INSURANCE (ALCOHOL)
_____ LIABILITY INSURANCE (OVER 50 GUESTS/VEHICLES)