TOWN OF PATAGONIA

SPECIAL PERMIT FOR SERVING OR CONSUMING ALCOHOLIC BEVERAGES

		DATE:		
AT:LOCATION	FROM:	AM PM TO(not to exce	AM PM eed midnight)	
RESPONSIBLE PARTY	NAME	PHONE #		
	ADDRESS			
COPY OF CERTIFICATE OF LL	ABILITY INSURANCE AT	TACHED		
INSURANCE COMPANY NAME	:		<u>-</u> 0	
NO. OF PERSONS ATTENDING	3		_	
NAME OF GROUP OR ORGAN				
This permit is issued and is gover of the Town of Patagonia and Res 1-12, Number 6. covering portab	rned by Ordinance 120 Se solution 325 amending Cha	ection D. F. and F. in	the Codes Section 10-	
FEE: \$				
SIGN	ATUREResponsib	ole Party		
Parmit issued by:				