



Town of Patagonia
P.O. Box 767
Patagonia, AZ 85624
Phone: (520) 394-2229 Fax: (520) 394-2861

OFFICE USE ONLY:

Date received: _____

Received By: _____

**SPECIAL PERMIT FOR SERVING OR
CONSUMING ALCOHOLIC BEVERAGES**

NAME: _____

ORGANIZATION: _____ 501(C)(3) ☐ YES ☐ NO

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

I, _____, take full responsibility for the _____,
Responsible party *activity or event*

that I/we will be having at _____,
location

from _____ to _____.
time *time*

Liability Insurance Company Name: _____
(Attach a copy of certificate of liability insurance)

Number of people attending: _____

This permit is issued and is governed by Town Code Chapter 9.

I understand that in addition to all Town Code provisions, I am also responsible for the eviction or removal from the premises of any person or group of people for disorderly conduct.

Person-in-Charge

Date

**** FOR OFFICIAL USE ONLY ****

PERMIT ISSUED BY: _____ DATE: _____