OAKDALE POLICE DEPARTMENT
DAILY ALCOHOL PERMIT APPLICATION

ALE P

FEE PAID:

COMPLETED ABC FORM 221 MUST ACCOMPANY THIS APPLICATION

NAME OF ORGANIZATION:				
BUSINESS ADDRESS:				
	City	State	Zip Code	
TYPE OF ORGANIZATION: FRATERNAL CHARITY				
NAME OF PERSON IN CHARGE OF EVENT:	CELL PHONE:			
ADDRESS:	HM PH:BUS PH:			
SIGNATURE:				
PERSON IN CHARGE MUST BE PRESENT AT EVENT WH	ILE LICENSE IS IN EF	FECT		
Federal Employer Identification # (if applicable) (must subm	it documentation with	application) _		
LOCATION OF PERMITTED ACTIVITY:				
Type of Event:				
DATE:DAY:START TIME:			am/pm	
	<u>S. YOU MUST ATTACH</u>	H THE DOJ AP	PROVAL CERTIFICATE	
VE ENTERTAINMENT: YES NO TYPE: (Band/Singer/DJ, etc.)				
NAME OF ENTERTAINMENT:	RTAINMENT:EXPECTED ATTENDANCE:			
AGE GROUP EXPECTED: DANCING: YES NO				
	O ARE TICKETS REQ		YES 🗌 NO:	
PRE-SOLD OR AVAILABLE AT THE DOOR: YES] NO MAXIMIM NUMBE	R OF TICKET	S:	
ACTUAL LOCATION OF BEVERAGE SERVICE ON PROPE	ERTY and ATTACH DIA	GRAM:		
TYPE OF BEVERAGE BEING SERVED: (wine/beer/etc.) _ (Security is required. Security is a minim	num of 1 Security Offic	er/100 expect	ed attendance)	
NAME OF PRIVATE SECURITY SERVICE:				
ADDRESS:		[PRIVATE SECURITY SERVIC	
PHONE:NO. OF SECURITY PE	RSONNEL:		MUST BE LICENSED WITH THE CITY OF OAKDALE.	
NAME OF PERSON REQUESTING APPROVAL			A SIGNED SECURITY CONTRACT MUST	
ADDRESS:HM PH:	BUS PH:		ACCOMPANY THIS APPLICATION.	
DRIVERS LICENSE #: PERSON IN CHARGE MUST BE PRESENT AT EVENT WH				
This form is for the Oakdale Police Department's approva approval will be made by the State of California Departme comply with all other State and Local licensing requirement	al of your "Daily Alcoh ent of Alcoholic Bever	olic Beverage		
Applicant Signature:	Date:			
For City of Oa	akdale Use Only			
	PRINT NAME/TITLE			

SIGNATURE OF CHIEF OF POLICE OR DESIGNEE