

**CITY OF EAU CLAIRE PARKS  
ALCOHOL APPLICATION (Ch. 9.59)**

**If required, fill out form completely and submit to the Eau Claire Recreation Office.**

**FORM INFORMATION**

- Fill out the form below and submit to the Eau Claire Recreation Office if:
  - You are requesting alcohol (any type) at your event in Phoenix Park
  - You are requesting beer kegs or intoxicating liquor at your event in Carson Park, Mt. Simon Park, Riverview Park, or Rod & Gun Park
- This form is NOT required, but you must contact the Recreation Office at least 10 days prior to your event if:
  - You are requesting carry-ins of fermented malt beverages or wine at your event in Carson Park, Mt. Simon Park, Riverview Park, or Rod & Gun Park

**SUMMARY OF EVENT**

<b>CONTACT</b>	Name:	
	Address:	Email:
	Cell Phone:	Other Phone:
	Driver's License # (ONLY IF requesting kegs):	
<b>EVENT DETAILS</b>	Check one: <input type="checkbox"/> Private Event (Invite only) <input type="checkbox"/> Public Event (Open to all)	
	Location (list exact pavilion name):	
	Event Name:	Event Date:
<b>ALCOHOL REQUEST INFORMATION</b>	Type of Alcohol Requested:	
	<input type="checkbox"/> Fermented malt beverages <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor <input type="checkbox"/> Beer Kegs (\$40 Beer Permit fee applies) (# of ½ barrel kegs, max of 2: _____)	
	Hours of alcohol consumption or service (allowed 11am – sunset):	
	Type of Alcohol Service Requested:	
<input type="checkbox"/> Allow carry-ins of alcohol checked above (up to 48 ounces per person) <input type="checkbox"/> Serve alcohol checked above to my guests (free of charge) <input type="checkbox"/> Sell alcohol checked above (additional permits apply)		

**AGREEMENT**

The applicant agrees to hold harmless and indemnify the City of Eau Claire, its officers, agents, and employees for any and all types of claims, actions, or expenses arising out of the applied for activity; and agrees to defend the City, its officers, agents and employees, at no cost to the City should any claim or action be asserted.

The applicant agrees to pay actual costs of clean-up, if additional clean-up is required as a result of the applicant's use of City facilities.

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

**OFFICE USE ONLY (Applicant leave blank)**

Received:	Meeting Date & Initials:
Booking Number:	Permit #:
Approval by Director or Designee	Date

**PAYMENT INFORMATION (Will be removed after payment is processed)**

<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card #:	Expiration Date:	Billing Zip Code:
<b>Cardholder Signature:</b>	<b>Date:</b>	

910 Forest Street Eau Claire, WI 54703 • Phone: 715-839-4649 • Fax: 715-839-1693

Email: [communityservices@eauclairewi.gov](mailto:communityservices@eauclairewi.gov) • Website: [www.eauclairewi.gov/pr](http://www.eauclairewi.gov/pr)