

**CEREAL MALT BEVERAGE/ALCOHOL AT
MUNICIPAL HALL APPLICATION**

FEE \$75.00 - *Requesting Fees Be Waived*

APPLICANT INFORMATION:

Name of Applicant: Anthony Pride DOB: _____
Address: PO Box 2 City/State/Zip: Anthony KS 67003
Phone: 620 842 3515 Email: jimeaton@gmail.net

EVENT INFORMATION:

Type of Event: Public Fundraiser / Entertainment
Event Date: 11-4-23 Event Time: 6 a.m./p.m. to 10 a.m./p.m.

Hours when alcohol will be served: _____ a.m./p.m. to _____ a.m./p.m.

Alcohol will not be served by organization

Event Details:

Is this event: _____ Private _____ By invitation only X Public
Is the event organizer: _____ Individual _____ For-profit X Non-profit
Will there be any charges for your event or for drinks? Yes _____ No _____

List charges (including admission, tickets, etc...) There will be a charge to enter the Trivia tournament - a team fee

Type of alcohol to be served (or sold): We are not serving alcohol or selling.
This will be a BYOB event

Will you be using a bartender or professional in the distribution of alcoholic beverages: Yes _____ No X
Not distributing alcohol

Estimated number of attendees/invitees: 100

Please list specific food to be served during the event: Snack Food - Sandwiches

By signing below, the applicant agrees:

1. To provide proof that they are 21 years of age or older.
2. To be responsible for violations of all laws, state and local, concerning possession and/or consumption of alcohol by minors.
3. To defend, indemnify, and hold harmless the City of Anthony, its employees and agents, for all liability claims arising out of this event.
4. To provide, if required, a valid Certificate of Insurance with event liability insurance that includes liquor liability naming the City of Anthony as an additional insured in the amount of \$1,000,000.00 at least seven (7) days prior to the start of the event.

5. To provide, if required, a separate and additional valid Certificate of Insurance, if applicant is using a bartender or professional, liquor liability policy naming the City of Anthony as an additional insured in the amount of not less than \$500,000.00 at least seven (7) days prior to the start of the event.
6. To be personally responsible for any repairs and costs associated with such repairs necessary as a result of the event.

Signature: Shervie Eaton Date: 8-30-23

Approval:

The following is hereby approved:

☒ Consumption on Premises

☐ Sale on Premises – only with approved temporary permit from Alcoholic Beverage Control (Copy must be provided to the city prior to the event)

A Temporary Permit is required and must be sent to the Alcoholic Beverage Control not less than 14 days before the event. ☐ Yes ☒ No

Event Insurance, that includes liquor liability, is required (with the City of Anthony listed as additional insured) ☐ Yes ☒ No

Additional Liquor Liability Insurance is required for Bartender or Professional (\$500,000.00) (with the City of Anthony listed as additional insured) ☐ Yes ☒ No

Received by/date/time: Sm 9/7/23

Date reviewed by City Commission: _____ ☐ Approved ☐ Disapproved

Mayor Signature: _____