

320 6th Avenue
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Ouray, Colorado 81427



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PRIVATE PARTY EVENT

REQUEST FOR ALCOHOL ON CITY PROPERTY

Name of Applicant _____

Applicants DOB _____ Date of Event _____

Mailing Address of Applicant _____

Phone # of Applicant _____ Email Address _____

Is there a cell phone number that can be used to contact the applicant during the event?
Cell phone number _____

Is this a private party (guests are included only by personal invitation, and alcohol is not being sold)?

Yes No

The approximate # of guests that will attend? _____

Hours in which alcohol will be served _____

Nature of the Event:

Wedding Reception Birthday Party Family Reunion

Other (describe event) _____

What type of alcohol will be provided?

Beer Wine Spirits

Please describe how applicant will assure that alcohol is not removed from premises, not served to minors, and that guests will not be overserved alcohol.

Will there be a bartender?

Yes No

By signing below, the applicant assures that all State and Local Liquor laws will be obeyed.

Applicant Signature _____ (Signature is required)

Date _____

This section to be completed by Staff

Administrator	Police	Clerk	City Resources
Signature _____	Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____	Date _____

After Staff approval please return to City Resource Director.