

Alcohol Consumption Permit

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



The City of Sisters Authorizes:

Name

D.O.B.

Street Address

City

State

Zip

Driver's License Number

Telephone Number

To Serve Alcohol at the:

Location

Type of Event

Date of Event

Hours of Event:

From

To

RESPONSIBILITY STATEMENT:

User agrees to indemnify, defend, and save and hold City of Sisters, its affiliates and their respective directors, officers, and employees, and agents of the City of Sisters harmless from and against any claims (including, without limitation, third party claims for personal injury or real or personal property damages), actions, administrative proceedings, judgments, damages, punitive damages, penalties, fines, cost, liabilities, (including, sums paid in settlement of claims), interest, or losses, including reasonable attorney's and paralegal's fees and expenses (including without limitation, any such fees and expenses incurred in enforcing this Agreement or collecting any sums due hereunder), costs consultant's fees and experts' fees, together with all other costs and expenses of any kind or nature that arise directly or indirectly from the use of the Facilities by User.

Signature _____ Date _____

Approval for the above-named applicant is hereby granted.

City Manager

Date

For Office Use Only

Received: _____ Fee Paid: _____