



CITY OF TENINO
FACILITIES APPLICATION

(Please Print Clearly)

Date: _____

Applicant: _____

Person(s) Responsible _____

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Phone: (____) _____ **Cell:** (____) _____

Date(s) of Event: _____

Acknowledgment: "I have read the terms and conditions as outlined on the cover page and understand and agree to the responsibilities as set forth."

Applicant Signature: _____ **Approved By:** _____
(Authorized Signature) (City of Tenino Staff Member)

Facility Requested

Quarry House

Park

Ballfields

Council Chamber

(Circle all that apply)

For City Use Only

Receipt # _____

Deposit Paid _____ Rent Paid _____

Amount retained _____

001..389.00.04

Amount Refunded _____ Approved by _____

Vendor No. _____

Check No. _____

Date: _____

BARS Code:001..362.40.02 QH

001..362.40.03 Park

001..362.40.04 Chamber

Original: City Copy: Applicant

KEY SIGNED OUT TO _____ **DATE RECEIVED** _____

Liquor _____ be purchased by the sponsor. *(Write Will or Will Not)*
Members _____ bring their own liquor. *(Write Will or Will Not)*

BANQUET PERMIT APPLICATION

You will be required to apply for a permit from the Washington State Liquor Control Board if you answer yes to the following:

DRINKS WILL BE **SOLD** BY THE GLASS OR CONTAINER. YES NO
(circle one)

I (WE) ACCEPT THIS PERMIT SUBJECT TO THE FOLLOWING CONDITIONS:

- A. Liquor to served will be purchased from an authorized retail source only. _____
- B. The general public will be excluded. No advance sale of tickets will be made to the General Public and **No** advertising will be directed to the General Public. _____
- C. This permit will be posted in a conspicuous place on the premises. _____
- D. Service and consumption of liquor will be restricted to area of the premises designated above and to members and/or invited guests. _____
- E. Service and consumption of liquor hours are 6:00 am to 2:00 am daily. _____
- F. The social occasion and premises for which this permit is issued will be subject to inspection by any liquor enforcement or law officer. _____

Number of persons under 21 years of age that will be present _____.

Signature of applicant _____ Date _____
DOB _____ WDL# _____