



Municipal Alcohol Permit (For Possession and Consumption of Alcoholic Beverages)

Whenever any individual, group, association or organization desires to use the Borough of Seven Fields Community Center, where there will be the consumption of alcohol, the individual or representative of the said group, association or organization must complete all information below and pay the \$100 fee a minimum of thirty (30) days before their rental date.

Event Name: _____ Event Date: _____ Event Times: _____
(last name of person/organization requesting the facility)

Applicant Name: (Print) _____ Phone (Day): _____

Street Address: _____ Phone (Evening): _____

City, State, Zip: _____ Approximate number attending the event: _____

Specific area(s) this permit covers: Town Park Community Center – 380 Castle Creek Drive, Seven Fields, PA 16046

The undersigned hereby makes application for the possession and consumption of alcoholic beverages in the specific area of Seven Fields Borough so indicated above, and agrees to abide by all applicable laws of the Commonwealth of Pennsylvania and Borough of Seven Fields; to leave the facility in good, proper condition, and to report to the Borough Office, any damage done during the use of the facility.

By initialing below, I, as the applicant, understand and agree to abide to the following:

- _____ Alcoholic beverages are limited to the Community Center and limited to the times designated on this permit.
- _____ No beverages shall be brought into the facility in glass bottles or containers, nor shall any beverages be served in glass containers.
- _____ The applicant identified on this permit must be the same as the responsible applicant for the Community Center application and must be present and readily available in the Community Center at the time alcoholic beverages are used.
- _____ This permit shall be kept in the Community Center during the time designated for use of alcoholic beverages and readily available to be shown to proper authorities upon request. Failure to have this permit available upon request shall be sufficient basis for terminating the use of alcoholic beverages and requiring their removal from the Community Center.
- _____ Applicant is responsible for the conduct of all individuals associated with their event. Excessive use of alcoholic beverages is prohibited, and where such conduct results in a disturbance or annoyance of other users of the Borough of Seven Fields or facilities, it shall be sufficient basis for the regional police or other proper authorities to immediately revoke the Municipal Alcohol Permit and demand removal of all alcoholic beverages, or ejection from the Community Center.
- _____ I further understand that any expenses incurred by Borough of Seven Fields related to any damages or facility cleaning will first be deducted from any deposit with the balance of the expenses, if any, assessed against the permittee, including interest, costs, penalties and attorney's fees related to collection of said expenses.

Special event insurance is REQUIRED as outlined below:

- Liability Coverage Limit- \$1,000,000/\$2,000,000
- Medical Payments Coverage Option- \$1,000
- Liability Property Damage Coverage Deductible-\$1,000

Coverage can be obtained from R.V. Nuccio or via a carrier of your own. Please visit <https://quote.rvnuccio.com> for more information. **A copy of the declarations page of the Special Event Insurance will need to be submitted to the Borough Office.**

By signing hereunder, the Applicant, his/her/its heirs, executors, administrators, employees, directors, successors and assigns agree to forever release and hold the Borough, its employees, elected officials, agents and assigns harmless and indemnify and defend the same from any and all liability and claims, damage to persons or property, including third party claims, resulting from the use of the Borough Community Center, the use and consumption of alcohol at the Borough Community Center by any person pursuant to this Municipal Alcohol Permit, and the issuance of a Municipal Alcohol Permit.

Signature:	Date:	Amount Paid:	Date:
Insurance Rec'd:	Date:	Approved:	Date: