MODESTO POLICE DEPARTMENT
DAILY ALCOHOL PERMIT APPLICATION

FEE PAID:

DATE:	RD	BEAT	MPD CASE #:

APPLICANT INFORMATION

NAME OF ORGANIZATION: _____

BUSINESS ADDRESS:_____
Number/Street   City   State   Zip Code

BUSINESS PHONE NUMBER (DAY): _____ (EVENING): _____

TYPE OF ORGANIZATION: ☐ FRATERNAL ☐ CHARITY ☐ EMPLOYEE ASSN ☐ POLITICAL ☐ UNION

☐ OTHER _____

NAME OF PERSON IN CHARGE OF EVENT: _____
ADDRESS: _____ HM PH: _____ BUS PH: _____
DRIVERS LICENSE #: _____ SIGNATURE: _____

PERSON IN CHARGE MUST BE PRESENT AT EVENT WHILE LICENSE IS IN EFFECT

City of Modesto Business License #: _____ Federal Employer Identification _____

City of Modesto Dance License/Permit #: _____ State Board of Equalization Sellers Permit #: _____

EVENT INFORMATION

LOCATION OF PERMITTED ACTIVITY:_____

DATE: _____ DAY: _____ START TIME: _____ am/pm END TIME: _____ am/pm

LIVE ENTERTAINMENT: ☐ YES ☐ NO   TYPE: (Band/Singer/DJ, etc.) _____

NAME OF ENTERTAINMENT: _____

EXPECTED ATTENDANCE: _____ AGE GROUP EXPECTED: _____
TYPE OF DRINKING CONTAINERS: _____

ACTUAL LOCATION OF BEVERAGE SERVICE ON PROPERTY: _____

TYPE OF BEVERAGE BEING SERVED: (wine/beer/etc.) _____
(SECURITY IS REQUIRED. Security is 1 Security Officer/100 expected attendance)

NAME OF PRIVATE SECURITY SERVICE: _____
ADDRESS: _____
PHONE: _____ NO. OF SECURITY PERSONNEL: _____

NAME OF PERSON REQUESTING APPROVAL: _____
ADDRESS: _____ HM PH: _____ BUS PH: _____
DRIVERS LICENSE #: _____ SIGNATURE: _____

PERSON IN CHARGE MUST BE PRESENT AT EVENT WHILE LICENSE IS IN EFFECT

PRIVATE SECURITY SERVICE MUST BE LICENSED WITH THE CITY OF MODESTO. A SIGNED SECURITY CONTRACT MUST ACCOMPANY THIS APPLICATION.

I have read and familiar with the City of Modesto regulations pertaining to signs and hereby accept full responsibility for the removal of all signs, legal or illegal, regarding the event for which this application is made. Further, should the City of Modesto incur expenses with respect to the removal of said signs, I agree to pay all such costs including reasonable attorney's fees should legal action occur. **This form is for the Modesto Police Department's approval of your "Daily Alcoholic Beverage License". Final license approval will be made by the State of California Department of Alcoholic Beverage Control. The applicant must also comply with all other State and Local licensing requirements.**

Applicant Signature: _____

Issuing Officer:	IBM#:

MODESTO POLICE DEPARTMENT APPROVAL

_____
Administrative Services Supervisor   Date

MODESTO POLICE DEPARTMENT

DAILY ALCOHOL PERMIT APPLICATION

INSTRUCTION SHEET

The application must be fully and legibly completed by the person requesting approval for the Daily Alcohol Permit. The application is only for the Modesto Police Department Approval of the permit. **Final approval and licensing** will be done by the State of California, Department of Alcoholic Beverage Control Board.

This license is ONLY available to charitable or non-profit organizations.

The applicant must complete or obtain the following prior to filing this application with the Modesto Police Department:

1.   Obtain a City of Modesto Business License (No-charge to non-profit groups)
        Location: Finance Department, 2nd Floor, 1010 10th Street, Modesto

2.   Obtain a City of Modesto Dance License/Permit (if applicable)
        Location: Finance Department, 2nd Floor, 1010 10th Street, Modesto

3.   Obtain a Federal Employer ID Number. All charitable or non-profit organizations have or must have this number.
        Location: Internal Revenue Service, 1300 K Street, Modesto – 526-7738

4.   Obtain a Sellers Permit .
        Location: State Board of Equalization, 31 East Channel Street, Rm 264, Stockton
                       800-432-2829

This application **must** be submitted to the Administrative Services Unit, Modesto Police Department, 600 10th Street, Modesto – 572-9679. All the above information **must** be on the application prior to approval/denial by the Modesto Police Department. If the application is approved, the person requesting approval will be notified by phone, and a copy will be mailed to the organization's address. The person requesting approval may also pick up the application in person.

Once approval has been obtained you **must** have a representative of the organization contact:

        State of California, Alcoholic Beverage Control
        31 East Channel Street, Room 168
        Stockton, CA 95202
        (209)948-7739

The State of California Alcoholic Beverage Control will either approve or deny the request.