#  **WORTH TOWNSHIP, BUTLER COUNTY**

 **APPLICATION FOR SPECIAL LIQUOR PERMIT**

**APPLICANT AND ORGANIZER INFORMATION**

 Name of Applicant:

 Address:

 Phone:

 Email:

**EVENT INFORMATION**

 Name of Event:

 Date(s) of Event:

 Name and Address of Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Each person publicly consuming alcohol or possessing an open container must be of legal drinking age under Pennsylvania law.

1. Distribution, consumption, and possession of open containers of alcoholic beverages shall only occur within the geographic bounds of, and only within the approved timeframe of, the Special Event as approved by the Township.
2. Open containers of alcoholic beverages may only be served or distributed by an individual or entity with a valid brewery, catering, restaurant, or winery license in the Commonwealth.
3. No permit shall be issued to any person who has failed on a previous occasion to comply with the conditions of an Alcohol Permit for thirty-six months after said failure.

I certify by signing this application that all information provided is true and correct. I understand that the Township may shut down the Special Event in case of any law, regulation, or Township Ordinance violation. I certify that I am authorized by the sponsoring organization (if any is identified) to act on its behalf in signing this application and providing all documents associated with this event. I, and the sponsoring organization, agree that we jointly and severally indemnify and hold, Worth Township and its elected officials, appointed officials and employees, harmless against all claims arising out of, or resulting from the event including, but not limited to, any claims for damage to property or injury to, or death of, persons arising out of or resulting from the holding of the event or issuance of an Alcohol Permit.

***I understand that any false statements and information provided in this application are subject to criminal penalties of 18 Pa.C.S. § 4904 based upon unsworn falsification to authorities.***

Name of Applicant (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_