

# City of Moses Lake Alcohol Availability Request



Moses Lake Civic Center

(Please check one or more facility to use)

- Auditorium
- City Council Chambers
- Avenue

Event Date		Time of Event	
Number of People Anticipated			
Type of Event			
Requesting Organization or Individual			
Name of Person Responsible			
Billing Address			
City, State, Zip Code			
Phone #			

Banquet Permit obtained from WA State Liquor and Cannabis Board?       YES       NO

*I have read and agree that the organization or individual I represent, hereafter known as the "requesting organization or individual" shall comply with the policies related to the availability of alcohol for the City of Moses Lake. I agree that the use of alcohol beverages (wine and/or beer only) is granted with the express understanding and condition that the requesting organization or individual, its agents, employees, and officers shall release, protect, indemnify, and hold harmless the City of Moses Lake, its agents, employees, and officers from all loss, debts, claims, demands, damages, actions, and causes of action whatsoever, which may occur directly or indirectly, arising out of the use of the City facilities or premises. I further agree that a certificate of insurance for liability and property damage in the amount of \$ \_\_\_\_\_, which names the City of Moses Lake as an additional named insured, will be provided to the City Manager or his designee prior to the event. I certify that I am an authorized agent for the requesting organization or individual and have the authority to enter this agreement on behalf of the user organization or individual. I further certify that I have read the attached policy on alcoholic beverages, liability, damages, and payments.*

Authorized Signature of Organization or Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Return to: City of Moses Lake PO Box 1579 Moses Lake, WA 98837	Or email signed form to : <a href="mailto:jtarver@cityofml.com">jtarver@cityofml.com</a> Jynnifer Tarver Admin. Secretary
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City Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_