SHIRE OF IRWIN ALCOHOL CONSUMPTION

Permission to consume alcohol on Council Property / Public Areas

Person making application

Name: _____

Organisation: _____

Address: _____

Phone Number/s: _____

Email Address: _____

Property / Area concerned

Address: _____

_____

Date/s: _____

Time/s: _____

By making this application, I acknowledge that the Shire of Irwin may grant permission to consume alcohol for the above date/s, time/s and location. The Shire doesn't take any responsibility for the groups actions or for any damages or disruption which may be caused by the applicant or other person/s involved with this application.

By signing below you are agreeing to the terms of this application.

Signature: _____ Date: _____

Office Use Only

Application Received: _____Application Decision:_____

Reason for Decision: _____

_____

Officer Granting Permission: _____Signature of Officer: _____