

DISTRICT OF HOPE



PUBLIC SPECIAL OCCASION "BEER GARDEN" APPLICATION

NAME OF GROUP: _____

CONTACT PERSON: _____

(Please Print)

POSITION WITH ORGANIZATION: _____

PHONE _____ (H) _____ (W)

ADDRESS: _____

DATE(S) OF BEER GARDEN: _____

HOURS OPERATION _____

LOCATION: _____

NO. OF PATRONS EXPECTED: (NOTE: Min. of 12 sq.ft. per patron) _____

SECURITY ARRANGEMENTS: _____

PROPOSED USE OF NET PROCEEDS _____

APPROVAL FROM MEDICAL HEALTH OFFICER HAS BEEN OBTAINED AND A COPY IS ATTACHED HERETO. (ONLY IF FOOD IS BEING PREPARED OR SERVED)

ATTACHED A COPY OF THE BC LIQUOR BOARD APPROVAL

INSURANCE CERTIFICATE FOR EVENT IS REQUIRED.

THIS BEER GARDEN WILL BE HELD AS PART OF THE FOLLOWING EVENT(S):

I/We hereby make application for a Beer Garden and undertake to be governed by the existing statutes and regulations pertaining to Beer Gardens and the consumption of alcoholic beverages.

Signed: _____

Dated: _____

FOR OFFICE USE ONLY

C.A.P.E. APPROVAL:

Signed: _____

Dated _____

R.C.M.P. APPROVAL:

Signed: _____

Dated _____

FEE: _____

Deposits: _____

Total: _____

Date Paid: _____

Receipt #: _____

Financial Statements Received: _____

(Date) _____

GROUP: _____

EVENT DATES: _____

REVENUES:

Food(For Beer Garden Only)	\$ _____
Empties returned	_____
Alcohol sales	_____
Returned liquor	_____
Other _____	_____
_____	_____

TOTAL REVENUES

\$ _____

EXPENSES:

Liquor licence	\$ _____
Food purchases	_____
Alcohol purchases (not including taxes)	_____
Taxes - alcohol purchases	_____
Supplies _____	_____
Labour (Directly related to Beer Garden) (Specify and include receipts/invoices)	_____
_____	_____
Other _____	_____

TOTAL EXPENSES

\$ _____

NET PROFIT/(LOSS) (Donation to Charity)

\$ _____

DONATION MADE TO:

Date: _____

Signed: _____

Position with Group

- * To claim expenses, **ALL** receipts/invoices must be submitted with this form or they will be deleted from your expenses; i.e. Liquor store purchases, empties returned, permits, etc.
- * If you are claiming "Other" expenses, they must pertain to the "Beer Garden". Please give an explanation on the line provided.
- * This form and receipts/invoices **MUST** be submitted to the District of Hope within thirty days of the last day of your event.