

Alcohol Park Permit

To allow for the consumption of alcohol in a City Park

City Hall
150 N. Main Street
Imlay City MI 48444

adminasst@imlaycity.org and
reception@imlaycity.org
810-724-2135



I/We _____
Name Address Telephone #

Representing _____
Organization/Group Name Address Telephone #

do hereby certify that I/We have been authorized by said group on _____
Date

to secure a permit to consume alcoholic beverages in the:

City _____ on _____ at _____
Name of Park Date of Event Starting/Ending Time

We anticipate approximately _____ people will be attending.

Person in charge of clean up _____
(IF DIFFERENT) Name Address Phone #

I/We further acknowledge we have received and understand the contents of City Ordinances that deal with the Park's Rules and Regulations. *This permit DOES NOT include rights to the Social District.

Driver License Number Signature

Date of Birth Date

Unless specifically stated in this permit you must have vacated the park before 10:30 P.M.

Official Use Only

Date Date

Police Chief City Manager

Comments: _____