

19. Describe your plan to manage alcohol consumption by adults.

Alcohol monitors and servers to watch for over consumption and if necessary will have wrist bands removed and security will escort them to a taxi or max

20. List name(s) and service permit number(s) of **alcohol manager(s)** on-duty and in the licensed area:

LIQUOR LIABILITY INSURANCE: If the licensed area is open to the public and **expected attendance is 301** or more per day in the licensed area, you must have at least \$300,000 of **liquor liability insurance** coverage as required by ORS 471.168.

21. Insurance Company: _____ 22. Policy #: _____ 23. Expiration Date: _____

24. Name of Insurance Agent: _____ 25. Agent's phone number: _____

FOOD SERVICE: You must provide at all times and in all areas where alcohol service is available at least two different substantial food items (see the attached sheet for an explanation of this requirement).

26. Name at least two different substantial food items that you will provide:

① Crab / Shrimp Melts ② Clam Chowder

GOVERNMENT RECOMMENDATION: Once you've completed this form to this point, you must obtain a recommendation from the local city or county named in #27 below **before** submitting this application to the OLCC.

27. Name the city if the event address is within a city's limits, or the county if the event address is outside the city's limits:

Portland

I affirm that I am authorized to sign this application on behalf of the applicant.

28. Licensee Name (please print): _____

29. LICENSEE SIGNATURE: _____ 30. Date: _____

CITY OR COUNTY USE ONLY

The city/county named in #27 above recommends:

Grant Acknowledge Deny (attach written explanation of deny recommendation)

City/County Signature: _____ Date: _____

FORM TO OLCC: This license is valid only when signed by an OLCC representative. Submit this form to the OLCC office regulating the county in which your special event will happen.

OLCC USE ONLY

Fee Paid: _____ Date: _____ Receipt #: _____

License is: Approved Denied

OLCC Signature: _____ Date: _____