



City of Bryan Fountain City Amphitheater Beverage Request Form

Please print.

Applicant/Organization Name: _____ Mobile Number: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____

Please provide a detailed description of your event: _____

Day of Event Contact: _____ Day of Event Contact Phone: _____

Event Information

Event Name: _____ Event Date(s): _____

Total Event Attendant: _____

Will minors attend this event? _____ Is the event open to the general public? _____

Hours alcohol will be served _____ Time final call announced: _____

Name of Person(s) serving alcohol? _____

Please provide a detailed drawing of your events layout, including the alcohol marked area, on the back of this request form.

The applicant and the applicant's group, shall indemnify, defend and hold the City of Bryan, its elected and appointed officials, agents, employees and volunteers harmless from all liabilities, claims, judgments, demands and cost arising out of the applicant's, applicant's group or their invitees use of City of Bryan facilities and adherence to all rules included in the City of Bryan Fountain City Amphitheater Facility Rental Permit guidelines and the City of Bryan Fountain City Amphitheater Beverage Policy.

I have read and agree to abide by the regulations established in this request and in the City of Bryan Beverage Policy.

Applicant Signature: _____ Date: _____

For Office Use Only:

Date request received: _____ State/City Permit received: _____ Copy of Insurance Provided: _____

Fountain City Amphitheater/Designee _____ Date: _____

Security Secured with Bryan Police Department _____

Police Chief: _____ Date: _____

General Notes: _____