

16. Describe your plan to prevent problems and violations.

By signing line 27 below I agree to abide by the Event Control Plan.

17. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors.

By signing line 27 below I agree to abide by the Event Control Plan.

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

By signing line 27 below I agree to abide by the Event Control Plan.

MANAGER AND SERVICE PERMITS: You must name a manager or managers who will be at the special event.

19. List name(s) of on-site manager(s): _____ 20. Contact Phone: _____

21. Service permit number of manager(s): _____

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.

22. Insurance Company: _____ 23. Policy #: _____ 24. Expiration Date:

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).

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

- ① **BBQ Meats**
- ② **Sausage Concessions**

26. Licensee Name (please print): _____

27. LICENSEE SIGNATURE: _____ 28. Date:

GOVERNMENT RECOMMENDATION: Once you've completed this form to this point, you must obtain a recommendation from the local city or county named in #29 below **before** submitting this application to the OLCC.

29. Name the city if the event address is within a city's limits or name the county if the event address is outside the city's limits: **Salem, Marion County, Oregon**

CITY OR COUNTY USE ONLY
The city/county named in #29 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
Restrictions:
OLCC Signature: _____ Date: _____