



Post Office Box 278 \* Phone (850) 229-8261  
Port St. Joe, Florida 32457

**City of Port St. Joe  
Alcohol Permit in Accordance with Ord. 464**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Event Date & Location:** \_\_\_\_\_

**Estimated # of participants:** \_\_\_\_\_

**Required documents:**

1. Proof of insurance in a form and underwritten by an insurance company in the amount of at least \$1,000,000 identifying the City an additional insured.
2. State of Florida Beverage License

I \_\_\_\_\_, have also received and understand the requirements under Ordinance #464 as well as State and Local Laws pertaining to Alcohol.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

**Approval:**

\_\_\_\_\_  
**Approving Authority**

\_\_\_\_\_  
**Date**

**IS ALCOHOL BEING PROVIDED AT THIS EVENT**       YES       NO

**IF YES, WHO IS THE PROVIDER?** \_\_\_\_\_