



# CITY OF SURREY BEER GARDEN APPLICATION

**PLEASE PRINT CLEARLY**

**DEADLINE: February 12, 2016**

I/We hereby make application for a Beer Garden.

NAME OF GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

NO. OF BEER GARDEN DAYS REQUESTED: \_\_\_\_\_

DATE(S) OF BEER GARDEN: \_\_\_\_\_

NAME OF PARK: \_\_\_\_\_

PARK IS LOCATED IN (circle one)	North Surrey	Guildford	Newton
	Fleetwood	Cloverdale	South Surrey

HOURS OF OPERATION FOR BEER GARDEN: \_\_\_\_\_

NUMBER OF ADULTS EXPECTED TO ATTEND EACH DAY: \_\_\_\_\_

DID YOUR GROUP HOLD A BEER GARDEN IN 2015      Yes ?      No ?

DID YOUR GROUP HOLD A BEER GARDEN IN 2014      Yes ?      No ?

PROCEEDS FROM THE BEER GARDEN WILL BE USED FOR THE FOLLOWING PURPOSES:

\_\_\_\_\_

THIS BEER GARDEN WILL BE HELD AS PART OF THE FOLLOWING EVENT:

\_\_\_\_\_

We undertake to be governed by the existing statutes, by-laws, and regulations pertaining to Beer Gardens and the consumption of alcoholic beverages.

I/We agree to be governed by and comply with applicable statutes and regulations, including the *Liquor Control and Licensing Act* and Regulations thereto, and City by-laws or policies in relation to Beer Gardens and activities associated therewith, including the consumption of alcoholic beverages.

I/We agree to indemnify and save harmless the City of Surrey and its employees from any claim, action, liability, damages, expenses or costs with respect to the said Beer Garden and any activities associated therewith.

I/We agree to obtain a Certificate of Insurance with respect to the said Beer Garden, in a form satisfactory to the City.

\_\_\_\_\_, 2016  
(date)

NAME: \_\_\_\_\_  
(Please Print)

OFFICE HELD IN APPLICATION ORGANIZATION

\_\_\_\_\_

The personal information on this form is collected for the purpose of an operating program of the City of Surrey as noted in Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Freedom of Information Coordinator at 591-4372.

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

APPLICATION RECEIVED: \_\_\_\_\_

Applications must be received by the Athletic Services Coordinator, 6651 – 148 Street Avenue, Surrey, B.C., V3S 3C7; or scanned and emailed to [SMBoston@surrey.ca](mailto:SMBoston@surrey.ca) no later than 4:00 p.m. on **February 12, 2016**.