



## The City of Brookhaven Parks and Recreation Alcohol Use Policy & Guidelines

Use of alcohol on The City of Brookhaven (“Brookhaven”) owned and operated property is permitted **by special permit only**. A permit fee must be submitted with your Alcohol Permit Application obtained from the Parks and Recreation Department. Alcoholic beverages other than beer or wine in non-glass containers are prohibited within Brookhaven Parks. No person less than 21 years of age may possess and/or consume alcoholic beverages in any area in the park. The City of Brookhaven Police Department may check on events when alcohol is being served.

### Conditions of the Permit:

1. *Person signing the permit application (“Permitee”) must be present during the entire event.*
2. *Permitee will be responsible for verifying age of all person to whom alcoholic beverages are consumed and /or dispersed under the permit.*
3. *Area of permit use will be confined to the area specified in the permit.*
4. *All conditions of City policies and procedures must be adhered to.*
5. *Guests cannot become intoxicated on City property/premises.*

If a caterer is used to dispense alcohol, the caterer must have all required permits and /or licenses. In addition, the caterer must submit a certificate of insurance, demonstrating proof that the caterer has the following coverages:

### 1. Commercial General Liability Liquor Liability

Limits of \$1 Million each Occurrence, \$2 Million General and Products/Completed Operations Aggregates; \$1 Million Person/Advertising Injury Liability; \$50, 000 Fire Damage Legal Liability; and \$5,000 Medical Payment Expense.

### 2. Liquor Liability

\$1 Million each Occurrence and \$2 Million Aggregate.

### 3. Workers Compensation and Employers Liability

Statutory limits and coverage.

**The City shall be listed as additional insured on the Commercial General Liability and Liquor Liability Policies.**

## Steps to secure Alcohol Permit:

- 1) Organization/group reserves their desired facility from the Parks and Recreation Department and informs staff of their intent to serve alcohol. Renter must inform Parks staff of the desire to serve alcohol at least 2 weeks prior to rental date. **Any requests made within 2 weeks of the rental date may not be guaranteed.**
- 2) Parks and Recreation sends the alcohol permit application for the renter to fill out and return.
- 3) Completed application will be signed by authorized Parks and Recreation staff and returned to the renter.
- 4) Organization/group will remit payment and signed alcohol permit application to City Hall.
- 5) Police Department coordinating officer will contact organization/group.

**Note:** Organization/groups requesting to sell alcohol must adhere to all City and State requirements.



**City of Brookhaven Department of Parks and Recreation  
ALCOHOL PERMIT APPLICATION**

Facility Requested:		Today's Date:
Date(s) Requested:	Time: _____ to _____	
Name of the Individual or Organization:		
Host/Person of Responsibility:		
Mailing Address:		
Phone:	Email:	
Purpose of Use:		
Area(s) of Consumption:		
Total Participation Expected:	Type of alcohol present:	

**INDEMINFICATON/HOLD HARMLESS:** *User shall defend, indemnify and hold harmless The City of Brookhaven, its officers , officials ,employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damages to property, which arises out of the use of Premises or from any activity, work or thing done, permitted, or suffered by Use in or about the Premises, except only such injury or damages shall have been occasioned by the sole negligence of the City.*

As Host, I understand it is my responsibilities to comply with all City of Brookhaven and State of Georgia alcoholic beverages laws, including the prohibition against serving alcohol to person who is underage.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

P &R Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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For Internal Use:

Permit #: \_\_\_\_\_

Approved Application: Yes \_\_\_\_\_ No \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Secured Off Duty Officer(s): Yes \_\_\_\_\_ No \_\_\_\_\_ # of Officers \_\_\_\_\_

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