



1880 S. Stoughton Road Madison WI 53716
Phone 608-223-1104 * Fax 608-223-1106
www.blmgrove.com

Application for Consumption of Alcohol in a Blooming Grove Town Park

Name _____

Address _____ Phone _____

Park _____ Event Date _____

The applicant hereby agrees to abide by the following stipulations as it pertains to alcohol consumption at the aforementioned location and date:

- a) There is to be no selling of alcohol in any way, as this would be in violation of state law.
- b) An adult must supervise the distribution and consumption of alcohol at all times, in such a way as to make certain that nobody under the age of 21 years old consumes alcohol.
- c) Alcohol consumption must stay within the boundary of the park, and must not take place in adjoining streets or other properties.
- d) The Town of Blooming Grove has no authority, control or participation in the distribution or consumption of alcohol at this event, and therefore any and all liability that may arise is the sole responsibility of the applicant.

I, the undersigned, do hereby understand and agree to the stipulations listed above.

Applicant Signature _____ Date _____

Town Authorization

Per Town Ordinance 9.02, Section 3, this signed document hereby represents the written consent of the Town Board of the Town of Blooming Grove.

Clerk Signature _____ Date _____