

PERMIT NO.:

OPEN CONTAINER PERMIT

Chapter 110 – Open Containers

Part I

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part II – Complete this section if the event is sponsored by an organization.

Organization Name: _____

Name(s) of Officers:

President: _____

Vice-President: _____

Treasurer: _____

Secretary: _____

Part III

Type of Event: Family Reunion Family Party Other _____

Date of Event: _____

Location of Event: _____

Time Start: _____ AM PM Time Ending: _____ AM PM

Approximate No. of People Attending: _____

I understand that this permit must be readily available for inspection by local authorities at the event site on the day of the event.

Applicant Signature: _____

Village of Lancaster

Date

COPY TO: Applicant Police Dept. C-T Office