



OAKDALE POLICE DEPARTMENT
DAILY ALCOHOL PERMIT APPLICATION

FEE PAID:

COMPLETED ABC FORM 221 MUST ACCOMPANY THIS APPLICATION

NAME OF ORGANIZATION: _____

BUSINESS ADDRESS: _____
Number/Street City State Zip Code

BUSINESS PHONE NUMBER (DAY): _____ (EVENING): _____

TYPE OF ORGANIZATION: ☐ FRATERNAL ☐ CHARITY ☐ EMPLOYEE ASSN ☐ POLITICAL ☐ UNION
☐ OTHER _____

NAME OF PERSON IN CHARGE OF EVENT: _____ CELL PHONE: _____

ADDRESS: _____ HM PH: _____ BUS PH: _____

SIGNATURE: _____

PERSON IN CHARGE MUST BE PRESENT AT EVENT WHILE LICENSE IS IN EFFECT

Federal Employer Identification # (if applicable) (must submit documentation with application) _____

LOCATION OF PERMITTED ACTIVITY:

Type of Event: _____

DATE: _____ DAY: _____ START TIME: _____ am/pm END TIME: _____ am/pm

IS THIS IS A CASINO NIGHT: ☐ YES ☐ NO **IF YES, YOU MUST ATTACH THE DOJ APPROVAL CERTIFICATE**

LIVE ENTERTAINMENT: ☐ YES ☐ NO TYPE: (Band/Singer/DJ, etc.) _____

NAME OF ENTERTAINMENT: _____ EXPECTED ATTENDANCE: _____

AGE GROUP EXPECTED: _____ DANCING: ☐ YES ☐ NO

IS THE EVENT OPEN TO THE PUBLIC: ☐ YES ☐ NO ARE TICKETS REQUIRED?: ☐ YES ☐ NO:

PRE-SOLD OR AVAILABLE AT THE DOOR: ☐ YES ☐ NO MAXIMIM NUMBER OF TICKETS: _____

ACTUAL LOCATION OF BEVERAGE SERVICE ON PROPERTY and ATTACH DIAGRAM: _____

TYPE OF BEVERAGE BEING SERVED: (wine/beer/etc.) _____
(Security is required. Security is a minimum of 1 Security Officer/100 expected attendance)

NAME OF PRIVATE SECURITY SERVICE: _____

ADDRESS: _____

PHONE: _____ NO. OF SECURITY PERSONNEL: _____

NAME OF PERSON REQUESTING APPROVAL _____

ADDRESS: _____ HM PH: _____ BUS PH: _____

DRIVERS LICENSE #: _____ PH. _____

PERSON IN CHARGE MUST BE PRESENT AT EVENT WHILE LICENSE IS IN EFFECT

This form is for the Oakdale Police Department’s approval of your “Daily Alcoholic Beverage License.” Final license approval will be made by the State of California Department of Alcoholic Beverage Control. The applicant must also comply with all other State and Local licensing requirements.

Applicant Signature: _____ Date: _____

For City of Oakdale Use Only

Permit Approved ☐ YES ☐ NO

By: _____
PRINT NAME/TITLE

SIGNATURE OF CHIEF OF POLICE OR DESIGNEE

PRIVATE SECURITY SERVICE
MUST BE LICENSED WITH
THE CITY OF OAKDALE.

A SIGNED SECURITY
CONTRACT MUST
ACCOMPANY THIS
APPLICATION.