CROMWELL POLICE DEPARTMENT

Denise Lamontagne
Chief of Police

APPLICATION FOR EXCEPTION
ALCOHOLIC BEVERAGES

In accordance with the Town of Cromwell Code 76-5, I hereby request an exception to permit the consumption of alcoholic beverages at:

(Specific Location)

DATE: _____ **HOURS:** _____ **to** _____
(Time) **(Time)**

TYPE OF EVENT: _____

I hereby agree that the event on the date and times as stated above, will be properly supervised.

It is further agreed that all State and Local laws concerning the consumption of alcoholic beverages will be observed.

**** Non-Residents Permit Fee: $50.00****

APPLICANT INFORMATION:

****PLEASE NOTE - INCLUDE COPY OF APPROVED PARK PERMIT WITH THIS APPLICATION****

NAME _____

ADDRESS _____

TELEPHONE _____

_____ _____
Applicant Signature Date

Permission for the above request for exception is hereby:

☐ Approved ☐ Denied

☐ Consumption in Pavilion Area Only

☐ Other Conditions:

_____

During the date and times of the exception, this permit shall be shown to any Police Officer or Cromwell Town Official upon demand.

_____ _____
Denise Lamontagne Date
Chief of Police

5 West Street, Cromwell, CT 06416 www.cromwellpd.com
Telephone: 860-635-2256 Fax: 860-613-2934