



CITY OF LOS ALTOS POLICE DEPARTMENT  
 1 N. San Antonio Road, Los Altos, CA 94022  
 Tel: (650) 947-2770 Fax: (650) 947-2704  
 Web: www.losaltospolice.org

# Alcohol Permit Application

In compliance with [Los Altos Municipal Code Section 7.04.010\(B\)](#) it is unlawful for any person to possess or exhibit an open container of any alcoholic or intoxicating beverage, or consume or drink its contents, in any public park within the City, including the immediately adjacent sidewalks, streets and parking areas which abound such public park, except:

- A. Where the sale of alcoholic beverages has been approved or licensed in such park areas by the Department of Alcoholic Beverage Control of the State;
- B. Where a written permit to possess alcoholic or intoxicating beverages in such park areas has been obtained from the Chief of Police at least twenty-four (24) hours before using the park area; and
- C. Where the use of alcoholic beverages in such park areas is sponsored or authorized by the City.

If the number of expected guests exceeds 150 you may qualify for a Special Event Permit unless you are renting a City owned facility such as the; Garden House, Youth Center or History Museum then a Special Event Permit will not be required. Check out Los Altos Municipal Code Section 9.25 - Special Events for more information.

**Note:** The \$115.25 Alcohol Permit Application fee is due upon submission and is non-refundable.

**Section 1: Alcohol Permit Venue**

Occasion:  Number of Expected Guests:

Facility or City Property:

Date of Event:  Begins:  Ends:

**Section 1: Applicant Information**

Name:

Group Name:

Mailing Address:  Street:  City:  Zip:

Daytime Phone:  Email:

The Alcohol Permit will be emailed unless you prefer another method. Select one of the following options:

- Email the permit to \_\_\_\_\_
- Send the permit USPS to my mailing address
- I will pick-up the permit at the Los Altos Police Department
- Other \_\_\_\_\_

*Office use only below this line*

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Received by: Name/Department