

**APPLICATION FOR SPECIAL PERMIT
FOR POSSESSION AND CONSUMPTION OF
INTOXICATING BEVERAGES ON PUBLICLY OWNED PROPERTY**

INSTRUCTIONS: Please complete application and return to:

City Manager
City of Benson
1410 Kansas Avenue
Benson, MN 56215
Phone: 320-843-4775

Name of Applicant _____ Phone Number _____

Street Address _____

City, State and Zip Code _____

Is Applicant Over 21 years of age? Yes No

Date(s) Permit Requested For _____

Time of Day Permit Requested For _____

Name of Group or Organization _____

Activity Planned (check one)

Family Reunion

Company Event

Other Family Event

Other _____

Class Reunion

Park or Area Requesting Permit For (check one)

Ambush Park

Swimming Pool Park

Northside Recreation

Other _____

Have you reserved any facilities at the Park/Area? Yes No

If yes, please specify _____

Be Specific and Describe Area within the Park/Area Requesting Permit For _____

Additional Information _____

Signature of Applicant

Date