## SANTA CRUZ POLICE DEPARTMENT LETTER OF RECOMMENDATION FOR **ONE-DAY LIQUOR PERMIT**

This is NOT a ONE-DAY LIQUOR PERMIT. This is only a recommendation and you must apply to the Department of Alcoholic Beverage Control for the actual permit.

DATE:				
NAME OF ORGANIZATION	<b>:</b>			
ADDRESS:				
NAME OF EVENT:				
DESCRIBE EVENT:				
EVENT LOCATION (Address	s)			
EVENT DATE:		EVENT TIME (Start-E	nd):	
NUMBER OF PERSONS EXI	PECTED TO ATTEND	):		
PERMIT OBTAINED BY:	Name:			
	Address:			
	Day Phone#	P.	M Phone#	
		y Permits requested in the las		
LIST OF RESPONSIBLE PEI <u>NAME</u>		ADDRESS	DAYT	IME PHONE #
1				
2 3				
LIST OF PERSON(S) RESPO <u>NAME</u>	NSIBLE FOR THE SA	ALE OF ALCOHOLIC BEVE <u>ADDRESS</u>		EVENT: IME PHONE #
1				
2				
3				
The Santa Cruz Police Depa	artment does not obje	ect to the issuance of a One-	Day Liquor Permit to t	his event.
		Bernie Escalante, Chief of Police		
TAKE THIS COMPLETEI	FORM LETTER T	O: Department of Alcoho	olic Beverage Control	

1137 Westridge Parkway

**Salinas, CA. 93907 Telephone: (831) 755-1990**