



SAN JOSE POLICE
DEPARTMENT
PERMITS/SECONDARY
EMPLOYMENT UNIT
(408) 277-4980
FAX (408) 297-5981



**ONE DAY LIQUOR PERMIT
PROCEDURES**

- All special events, festivals and parades must be coordinated through the Office of Cultural Affairs at (408) 277-5144, prior to application for permit.
- Applicant must submit all forms to the Secondary Employment Unit no later than 30 days prior to the event.
- *Applicant must complete and sign the a Daily License/Application Authorization form from the Department of Alcohol Beverage Control (**[see ABC website for correct licensing form](#)*).
- Applicant must complete and sign a One Day Liquor Permit application and pay the required fees.
- Applicant understands that all alcohol sales shall cease one half hour before the event.
- For Special Events, original Special Temporary License Conditions must be signed and submitted to the Secondary Employment Unit. When applying for the One Day Liquor Permit, applicant may be required to participate in ABC L.E.A.D. Training.
- Applicant must contact the **Secondary Employment Unit** at (408) 277-4980. The standard staffing for functions that have a One Day Liquor Permit is a minimum of two officers. This staffing level may be increased or modified, depending on amount of persons in attendance, by the Secondary Employment Unit Commander.



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ONE DAY LIQUOR PERMIT APPLICATION

PLEASE CALL TO SCHEDULE AN APPOINTMENT TO PROCESS YOUR APPLICATION.

Today's Date: _____

1. Organization Name _____
2. Organization Address _____ City _____ State _____
3. Non-Profit # (if applicable) _____ Type of Event _____
4. Event Location _____
5. Event Address _____ City _____ State _____

Actual Event Date(s):

Time of Day:

Est. Daily Attendance:

_____	Start: _____	End: _____	_____
_____	Start: _____	End: _____	_____
_____	Start: _____	End: _____	_____

Applicant Name: _____ Daytime Phone # _____

Home Address: _____ City: _____ State: _____ Zip: _____

THE PERSON(S) RESPONSIBLE FOR THE SALE OF ALCOHOLIC BEVERAGES DURING THE EVENT:

1. Name _____ Address: _____ Daytime Phone: _____
2. Name _____ Address: _____ Daytime Phone: _____

I am responsible for the organization and operation of this event and will be in attendance throughout the entire event.

I ALSO UNDERSTAND THAT ALL ALCOHOL DISTRIBUTION SHALL CEASE ONE HALF HOUR BEFORE EVENT CLOSURE.

Signature of Applicant _____ Date: _____

*****OFFICE USE ONLY*****

- We have no objections to the issuance of the Temporary Beer and Wine License and waive the Alcohol Control Zone
- We have no objections to the issuance of the Temporary Beer and Wine License with Alcohol Control Zone as specified in attached special conditions
- Recommend applicant participate in ABC L.E.A.D. (Licensee Education Alcohol and Drugs) training
- Require applicant to participate in ABC L.E.A.D. training

APPROVED BY: _____ **BADGE #:** _____

**Bring this application to: Department of Alcoholic Beverage Control (A.B.C)
100 Paseo de San Antonio
San Jose, California Phone: (408) 277-1200**

RMS Acct: _____ **Fee:** _____ **Receipt:** _____

_____ **FAX TO ABC (408) 971-9421** **Distribution: ABC VICE PERMITS SEU**