

# Alcoholic Beverage Consumption In Public Area

**Return Form To:**  
City of Huron Finance Office  
PO Box 1369  
Huron SD 57350  
Ph: 605-353-8502  
Email: cityofhuron@huronsd.com  
Fax: 605-353-8506

Date of Application

Business Name  
(If applicable)

First Name

Last Name

Mailing Address

City

State

Zip Code

E-mail

Phone

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Type of Event

Event Location

Start Date:

Start Time:

End Date:

End Time:

**Fee** 1-day \$10 (Day Ends at Midnight)  
2-day \$20  
Other \_\_\_\_\_ (\$10 per day)

Applicant Signature

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## FINANCE OFFICE APPROVAL

Copies Provided To:

Applicant - Post form at event  
Police Dept  
Fire Dept

Street Dept  
Traffic Dept  
Parks & Rec Dept

Approved by  
Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_