

**ABERDEEN COMMUNITY DEVELOPMENT DISTRICT  
ALCOHOL REQUEST FORM**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Room Requested: \_\_\_\_\_  
Date / Time Requested: \_\_\_\_\_

I agree to indemnify and hold harmless the Aberdeen Community Development District (“District”), Aberdeen of St. Johns, LLC, Aberdeen, LLC and DR Horton, Inc., and their agents, supervisors, officers, directors, employees and staff from any and all liability, claims, actions, suits, or demands by any person, corporation, or other entity, for injuries, death, property damage or damages of any nature arising out of or in connection with the service, consumption or other use of alcohol at the Amenity Center. Nothing herein shall constitute or be construed as a waiver of the District’s sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand and agree to abide by all policies and rules of the District governing the Amenity Center, including, but not limited to, the Alcohol Policy as set forth in the Policies Regarding District Amenity Facilities (“Alcohol Policy”). I acknowledge that failure to adhere to the District’s policies and rules may result in the suspension or termination of my privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and/or my guests. I further agree to obtain an event insurance policy in full compliance with the Alcohol Policy, naming the Aberdeen Community Development District and its supervisors, staff and consultants as additional insured parties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***I have read and understood the following:***

**Resident’s Initials/ (Staff Initial upon completion)**

1. \_\_\_\_\_/\_\_\_\_\_ Patron must provide a certified bartender to dispense alcohol and provide proof of his or her credentials no later than three (3) days before the event.
2. \_\_\_\_\_/\_\_\_\_\_ Additional Event Liability insurance coverage in the amount of **One Million Dollars (\$1,000,000)** will be required for all events that are approved to serve alcoholic beverages. Aberdeen CDD, its supervisors, staff and consultants are to be named on the policy as additional insured parties.
3. \_\_\_\_\_/\_\_\_\_\_ Staff must be present at all private events at which alcohol is served. Patron shall pay the standard staffing fee.

Received by: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Signature of ASG Manager: \_\_\_\_\_ Date: \_\_\_\_\_