

# NORTHWEST STATE COMMUNITY COLLEGE

## Application to Host an Event with Alcohol

Client: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Hours of Event: Begin \_\_\_\_\_ End \_\_\_\_\_

Location of Event: \_\_\_\_\_

Will Liquor Permit be needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Alcoholic Beverage(s): \_\_\_\_\_

Time of Alcohol Service: Begin \_\_\_\_\_ End \_\_\_\_\_

Number of Individuals Expected: \_\_\_\_\_

Any Underage Individuals expected to attend: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Name of "TIP" certified server(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form I represent that I have full authority of the above identified organization to sign on its behalf. I further acknowledge that I have read and understand Northwest State Community College's Alcohol Policy and agree to conform to it. I also agree to follow any directives from Northwest State Community College representatives.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Position within organization: \_\_\_\_\_

\*\*\*\*\*

Signature Sign-Off

\_\_\_\_\_

Creative Catering Service

\_\_\_\_\_

Date

\_\_\_\_\_

Director of Food Services

\_\_\_\_\_

Date

\_\_\_\_\_

Approved by President

\_\_\_\_\_

Date

After signed by the President a copy will be sent to the client confirming the approval of the event.