

Application to Deliver/Sell/Serve Alcoholic Beverages

Applicant:		
Date(s) of event/program:	Start Time:	End time:
Location:		
Name of event/program:		
Contact person:		
Phone: C	ell Phone:	
Email:		
Description of alcoholic beverages to k		
Estimated attendance:		
Describe cultural or educational purpo	se:	
Please initial the following statements		
I have read and agree to comply Policy.	with the Library Distri	ct 's Alcoholic Beverages
I will abide by and comply with al	l Library District rules a	and regulations.
(Print Name)	(Signature)	
Date:		