

# Alcohol Use Application

**Must be submitted at least 30 days prior to event date**



## Applicant Information

|                 |              |           |
|-----------------|--------------|-----------|
| First name      | MI           | Last name |
| Mailing address |              |           |
| City, ST Zip    |              |           |
| Email           |              |           |
| Home phone      | Mobile phone |           |

## Event Information

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Event type  | Anticipated number of attendees |                 |
| Event description   |                                 |                 |
| Event date  | Time event begins               | Time event ends |
| Facility requested  |                                 |                 |
| Is the event open to the public or by invitation only? <input type="checkbox"/> Public <input type="checkbox"/> Invitation only                           |                                 |                 |
| Number of vendor/caterer staff at the event from start to finish?   |                                 |                 |
| Type of alcohol to be served (check all that apply): <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Mixed beverages |                                 |                 |
| What is the time that alcohol will be served at the event?  |                                 |                 |
| Who will be the ABC manager on duty during the entire event?  |                                 |                 |
| Will there be minors under 21 at the event?   |                                 |                 |
| <input type="checkbox"/> Yes If so, how many? _____ How will you ensure that no alcohol is consumed by minors? _____<br><input type="checkbox"/> No _____ |                                 |                 |
| Please describe the security you will have in place for the event:  |                                 |                 |

*Applicant assumes full responsibility for the character, acts, and conduct of all persons admitted to the premises by consent of the Applicant. Liability insurance coverage in the amount of \$1 million must be obtained naming Roanoke County Board of Supervisors, their officers and agents as additional insured. Proof of such coverage must be submitted at least 72 hours prior to the start of the event.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

County representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Interoffice Use Only (Alcohol use permitted if approved by both parties)*

| Department Director Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No | County Administrator Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|
| Reason, if not approved:   | Reason, if not approved:  |
| Signature: _____ Date: _____   | Signature: _____ Date: _____  |