Name of School Board					
Contact Person			Phone Fax		
Name of Renter (Applicant)					
Address of Renter					
Phone			Fax		
E-mail					
Name of Facility Used					
Expected Attendance					
Type of Activities and Specific					
Details of the Event			_		
Number of Days of the Event		(Date) From		(Date) To	
Hours of the Event					
Will alcohol be served?	Yes No No	If yes, will it be	free of c	harge?	Yes 🗌 No 🗌
If yes, what controls are in place to limit consumption?					
	Special Event Liquor Licer	 nse must be provid	led <i>prior</i> t	o insurance b	peing effective.
	Special Event Elquoi Elce				
Renter Signature	Special Event Elquoi Elce		Date		
	Special Event Elquoi Elce		Date		
Renter Signature Print Name	Special Event Liquor Lice		Date		
			Date		
Print Name					
Print Name Division Office Signature Print Name NOTICE TO APPLICANTS This application does not bind the Apissued, and it will be attached to and application changes between the data	pplicant, but it is agreed that this made a part of the certificate. te of this application and the time.	s application will be the The Applicant represented when the policy is	Date he basis of ents that if issued, the	the information Applicant will i	supplied on this immediately notify
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