

# 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? _____ <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: _____