



### Serving of Alcoholic Beverages on Division Premises

Date of Application:		
Date of Function:	Start time:	Finish time:
Location:	<input type="checkbox"/> School Name:	Room(s):
	<input type="checkbox"/> Education Centre	Room(s):
Type of Function: Community <input type="checkbox"/> Divisional <input type="checkbox"/>		Number of Guests Expected:
Please give details:		
Will there be students or children under 18 years of age anywhere in the school/building? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, describe how interaction will be prevented:		
Organization/School:		
Contact Person:	Phone:	
Principal's Signature:		

Approval of Secretary-Treasurer:
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If consent is granted, a Liquor Permit MUST be obtained.