

APPLICATION FOR USE OF ALCOHOLIC BEVERAGES
Authorization for serving or selling alcohol on Centralia College Campus

The Authorized representative must complete the following and file this form with the Event Schedulers Office. The Event Scheduler will review application prior to submission to the Vice President and President for approval. Signature approval from Centralia College must be obtained on this form before a Washington state banquet or special occasion permit application is submitted to the Washington state liquor control board. Information regarding getting a Washington state banquet or special occasion permit can be obtained at <https://lcb.wa.gov/licensing/special-licenses-and-permits>. All forms and permits must be approved and sent to the Event Scheduler's office 14 business days prior to the event.

DATE OF THE EVENT _____ NAME OF EVENT _____

NAME OF ORGANIZATION OR CLUB _____

AUTHORIZED REPRESENTATIVE _____

ADDRESS _____ CITY _____ PHONE _____

TYPE OF ORGANIZATION (CHECK ONE) Student Organization; College Administrative Unit; Community Organization

TYPE OF EVENT _____ WILL MINORS BE ATTENDING? _____

FACILITY REQUESTED _____

The laws of the State of Washington provide that no person shall give or otherwise supply liquor to anyone under the legal age of twenty-one (21) or permit any person under age to consume any liquor on his/her premises or any premises under his/her control. By making this application and accepting the Banquet Permit or Special Occasion Permit, you are assuming full responsibility to see that no minor is supplied any liquor or permitted to consume any liquor at the event for which this application is being made. A violation of the foregoing law subjects the violator to prosecution and punishment.

PURPOSE OF THE FUNCTION _____

REASON FOR ALCOHOL USE _____

HOW WILL LIQUOR BE DISTRIBUTED? _____

HOW WILL YOU CONTROL ACCESS TO AND FROM THE EVENT? _____

NUMBER OF PERSONS ATTENDING EVENT (PROJECTED) _____

Agreement: I, _____, the AUTHORIZED REPRESENTATIVE of the above-named organization, certify that the organization hereby assumes full responsibility for the total and complete adherence to all rules and regulations that apply to the provision of alcoholic beverages at this event and to the forfeiture of the deposit paid if action is brought against Centralia College or if violations of rules occur. Furthermore, I, in behalf of the above-named organization, agree to hold free and harmless the District, its Board, the individual members thereof, and all district employees or agents from any loss, liability, damage, cost or expense that may arise during or be caused in any way by the granting of this application.

Representative's Signature _____ Date _____

EVENTS SCHEDULER _____ RECEIVED ON _____

VP, FINANCE & ADMINISTRATION _____ APPROVED DENIED

CENTRALIA COLLEGE PRESIDENT _____ APPROVED DENIED

**RETURN FORM TO THE EVENT SCHEDULERS OFFICE OR
BY EMAIL AT EVENTSCHEDULER@CENTRALIA.EDU**