

BARTON COMMUNITY COLLEGE
Barton Alcoholic Beverages Service Request Form

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Date of Event: _____ Purpose of Event: _____

Event Category: 1 2 Number of People Invited or Attending: _____

Name of Event Sponsor: _____

Name of Event Supervisor: _____

Location of Event: Shafer Gallery Other _____

Type of alcoholic beverages to be served: Beer Wine Both

Type of non-alcoholic beverages to be served: _____

Type of food to be served: _____

I hereby acknowledge that I have read Policy 1220, the Service of Alcoholic Beverages for Special Events Policy. I understand and agree to comply with its content.

"Under the Uniform Electronic Transactions Act (K.S.A. 16-1601 et seq.), a document sent electronically (not faxed) may be considered an electronic record. If you wish to submit the Barton Alcoholic Beverage Service Request Form electronically, check this box and then sign and date below. In so doing, you are hereby certifying that this electronic submission shall be given the same legal effect as a handwritten signature."

_____/s/_____
Date Signature of Applicant

Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____	

Signature (Executive Director of Institutional Advancement)	Date

Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____	

Signature (Barton Community College President)	Date