

**REQUEST FOR USE OF ALCOHOL AT SPECIAL EVENTS AT BRCC**

Name of Person or Organization: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Address of Contact Person: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
Area to be Rented: \_\_\_\_\_  
Number of Attendees: \_\_\_\_\_  
Type(s) of Alcohol to be served: \_\_\_\_\_

\*\*Certificate of Liability will be required

\*\*Security Services will be required at expense of customer, paid directly to provider

\*\*Where applicable, Special Use Permit for State ABC Board will be required

BRCC Policy 2.14.4 applies to this request (attached)

Approved: \_\_\_\_\_

Declined: \_\_\_\_\_

Blue Ridge Community College

By: \_\_\_\_\_

Dr. Laura B. Leatherwood