



Request for Permission to Serve Alcoholic Beverages at an Event on Helena College Property

Organization or Department Requesting Event Title of Event

Event Date(s) Event Time(s) Expected Attendance Number

Requestor Name Telephone Email

Space Requested

Purpose of Event

Name of Licensed Alcohol Vendor - Vendor must name Helena College as an Additional Insured or as the event location.

Which type of service do you plan to provide? Beer & Wine Full Bar

Name of Food Vendor and/or Type of Menu Planned

Event Plan:

Security Plan:

Internal Use:

Date Received Notes/Questions

Dean/CEO Signature of Approval Date