

Capitol Campus Restricted Use Alcohol Permit

Related Enterprise Services Policy: Alcohol Use Restricted on the Capitol Campus

INSTRUCTIONS

You must be at least 21 years of age to submit this application. By making this application, you assume full responsibility for your function.

Washington State law prohibits the dispensing or consumption of alcohol except in specifically designated areas. The Department of Enterprise Services restricts alcohol use on a case by case basis only in areas of the state capitol buildings and grounds where access by the public is restricted. We may also require that alcohol use only occur after business hours.

In signing this form, you agree to satisfy all applicable Washington State Liquor Control Board (www.liq.wa.gov) regulations. You must also obtain a Banquet Permit from the Liquor Control Board.

As an addition to the terms and conditions of your Campus Use Permit, the applicant will only be permitted to serve alcohol at the scheduled event as follows:

Applicant Name:	Phone Number:	
Day of Contact Phone Number (if different than above):		
Email:		
Address (including City, State and Zip):		
Event Details		
Event Name:		
Description of Event (Please provide an overview of the event including	ng the type of event , its purpose and a description of the intended attendees):	
Location of Event(s):		
Location of Alcohol Consumption:		
Date of Event:		

Beginning Time(s):		
Ending Time(s):		
• • • •		
Method of Dispensing:		
Means of Ensuring Alcoho	ol is Consumed in Autho	rized Areas:
Type of Alcohol Served –	check all that apply	
□ Beer		
□ Wine		
☐ Hard Liquor		
consumption of alcoholic alcohol by minors or by alcohol conduct at the event. Alcoholic	beverages, including not nyone who is apparently pholic beverages are to b	tate Laws regarding the distribution and tallowing the possession or consumption of intoxicated, and the prevention of disorderly be consumed only in the location listed above.
The event and the premistime.	ses will be subject to ins	spection by any law enforcement officer at any
		pitol Campus Policy and understand that I am the ee with these policies and all state and local law
SIGNATURE OF OFFICIA	AL IN CHARGE OF EVE	NT:
	TODAY'S DA	TE:
	it. Please note that the sub	ents@des.wa.gov. Incomplete permit application ma emittal of this permit application does not guarantee eval/denial of your request.
[Applicant does not fill this section out] The follo	owing is approval or denial for the Alcohol	Permit Request to be completed by the Department of Enterprise Services.
☐ Permit Approved		☐ Permit Denied
Name:	Title:	Date:
Signature:		
Comments:		