

Liquor Service Application Springfield Area Community Center

Function _____ Date of Event _____

Private or Open (please circle) _____ Attendance expected _____

Serving from _____ to _____ Damage Deposit: \$500 Due: Day Prior to Reception

Renters Name _____ Police Security: \$32 per hour - from _____ to _____
(if wanted or deemed necessary by City and paid for by renter.)

Address _____ Phone _____

City _____ State _____ Zip _____

If service is being requested for large events such as dances and wedding receptions, a copy of this application will also be given to the Springfield Police Department and the exclusive liquor provider.

In order to comply with State, County and City Statutes and liquor liability regulations, the following rules and conditions must be adhered to for service of alcohol at all Community Center events:

1. No minors may be served, allowed to possess, or permitted to consume alcoholic beverages.
2. No alcohol will be permitted to be taken from building.
3. No alcohol allowed on the street, sidewalk, patio or parking lot of the Community Center.
4. No alcohol will be permitted to be brought into the building.
5. All alcohol served on the premises must be purchased from the exclusive liquor provider for the Center.
6. The exclusive liquor provider for the Center has the right to refuse service to any person.
7. The exclusive liquor personnel have the right to suspend service at any time.
8. Springfield Police officers may make walk-throughs during events to enforce all regulations and statutes.
9. Security personnel have the right to remove any person from the event for disorderly conduct.
10. The Springfield Golf Club carries the liability insurance and license to serve on-sale liquor at the Springfield Area Community Center.
11. Orders for special liquor needed for events will be given to the Center director two weeks prior to event.

I understand and agree to the above conditions and regulations. I also understand that failure to adhere to same can result in suspension of service and/or refusal of service for future events.

SIGNATURE

DATE

(Renter) _____

(Center Director) _____

(Exclusive Liquor Provider) _____

(Spfd Police Dept) _____

Please sign, date and return to Springfield Community Center – P.O. Box 22 – Spfld, MN 56087
Updated 1/2015