

SPECIAL EVENT/FUND RAISING QUESTIONNAIRE

Applicants Name: _____ **Date:** _____

	Event #1	Event #2	Event #3
1. Type of event(s):			
2. Purpose of event(s):			
3. If event is a fundraiser, what is the estimated revenue?	\$ _____	\$ _____	\$ _____
4. Location of event(s)			
5. Activities involved:			
6. Will alcohol be served? If yes, a.) Who will supply the alcohol? b.) Are bartenders hired by: - You? - Establishment where event is held? c.) If hired by you, have the bartenders been trained in T.I.P.P.S.? d.) What measures will be in place to limit drinking? - Tickets provided? - Cash bar? - Open bar? e.) Is a Liquor Liability policy in place that will extend to this event? f.) Liquor License Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Anticipated dates of the event:	_____	_____	_____
8. The number of people estimated to attend:	_____	_____	_____

Additional Explanation(s):