

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 |
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| | <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):