

# Salem Lutheran Church: Alcohol Permit

Individual or Committee Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Building/Room Reserved: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

**30 day notice required**

Alcohol Serving Times: Start \_\_\_\_\_ Last Call \_\_\_\_\_

Security Times (if applicable): \_\_\_\_\_

**Security officer must arrive 30 minutes prior to start of alcohol service and remain onsite 30 minutes after last call.**

Number of officers needed (if applicable): \_\_\_\_\_

**100 persons or less = 1 officer, 101-200 persons = 2 officers, 201-300 = 3 officers**

The applicant agrees to the Salem Lutheran Church Alcohol Policy provided.

I have read the alcohol policy provided and agree to the terms established.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## For Office Use Only

Responsible Council or Staff Member: \_\_\_\_\_ Council Approved: YES NO

Weddings and Non-Member Events:

Security Officer hired: \_\_\_\_\_

Security Fee Due: \_\_\_\_\_ Recvd: \_\_\_\_\_ Amount: \_\_\_\_\_

Damage Deposit Received: \_\_\_\_\_ (\$500.00)