

Summit County Government
ROUTING FORM FOR SIGNATURE APPROVAL OF ALCOHOL USE AT THE NORTH
BRANCH LIBRARY, MOB, OR COUNTY COMMONS

APPLICANT'S NAME/ORGANIZATION
CONTACT PERSON'S NAME & PHONE
NAME & PHONE OF STAFF PERSON RESPONSIBLE
DATE INITIALLY ROUTED BY PERSON RESPONSIBLE
DEADLINE FOR APPROVAL

Type of Organization

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Non Profit | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Political/Government | <input type="checkbox"/> Private |

Type of request:

- Special Event

Date & time of event:

Purpose of event:

Number of participants:

All events involving the service/consumption of alcohol must have the express permission of Summit County Government.

Requirements for Events involving any alcohol service/consumption:

**NOTE: Consumption of alcoholic beverages in or around County facilities is prohibited except at the Community Center where alcoholic beverages may be served in limited quantities with the prior approval of the County Manager or his/her designee, in accordance with all applicable state laws and County requirements.*

_____ Completed Application for Meeting Room Use

_____ Adequate proof of general liability insurance - \$1.2 million

Initial: _____ I have reviewed the general facility and alcohol policies and agree to comply with them.

Applicant Signature

Date

Staff Recommendation: Approval Denial

Name _____

Comments: _____

Approved by _____ **Date** _____

Approved by _____ **Date** _____

Scott Vargo, County Manager

Return signed copy to Department