



**Community Colleges
of Spokane**

REQUEST FOR ALCOHOLIC BEVERAGE USE

Addendum to Facility Use Agreement CCS Form 2137

Contract Number _____

Campus: _____ Building & Room: _____ Date and Time of Event: _____

Anticipated Attendance: _____ Type of Event: _____

Purpose of Event: _____

Name of Requestor: _____ Authorized Agent for Requestor: _____

Address: _____ Phone: _____

Specify the alcoholic beverage to be served (beer/wine/spirits): _____

(Non-alcoholic beverages must also be served at event.)

IMPORTANT: This request is not valid until the applicable Washington State Liquor Control Board permit number is written in the space provided below. A copy of the permit, if required, must be attached to this form and returned to the appropriate CCS administrator:

(a) Washington State Liquor Control Board Special Occasion License Number: _____

(b) No permit needed if all the following conditions apply. **(Check only those boxes that apply.)**

- ☐ The event is hosted by an individual, not an organization or business entity.
- ☐ There is no admission fee or charge for anything provided at the event ('Charge' includes donations, dues, fees, or otherwise).
- ☐ The event normally would be held in the individual's private home but is so large that a separate facility is needed to accommodate it.
- ☐ The BUILDING in which the event is held is closed to the general public during the event and the BUILDING does not have a liquor license.
- ☐ There is neither a business purpose for the event nor any financial gain.

If any of the above do not apply, a permit is required.

I have read and agree that the person, organization, or group I represent, known in this document as the "requestor," shall comply with Community Colleges of Spokane Administrative Procedure [5.30.05-A](#), all the provisions of Facility Use Agreement form 2137, and all applicable Washington laws and regulations pertaining to the purchase, use, and serving of alcoholic beverages. I agree that the use of alcoholic beverages is granted with the express understanding and condition that the requestor, its agents, employees, and officers shall release, protect, indemnify, and hold harmless the state of Washington, District 17, Community Colleges of Spokane, its agents, employees, and officers from all loss, debts, claims, demands, damages, actions, and causes of action whatsoever, which may occur directly or indirectly, arising out of the use of the college facilities or premises. **I further agree that a certificate of insurance for liability and property damage which names Community Colleges of Spokane as the additional insured will be provided to Community Colleges of Spokane prior to the event.** I certify that as requestor or the authorized agent for the requestor I have the authority to enter this agreement. I further certify that I have read the attached policy on alcoholic beverages, liability, damages, and payments.

Signature of Authorized Agent of Requestor _____

Date _____

Please sign and return to College Facility Scheduling Office

CCS Administrator on Call: _____

COMMENTS: _____

Copies Sent To: ☐ Requestor ☐ College President ☐ Campus Security ☐ Accounting
☐ Food Services vendor (original) ☐ Student Programs Date Sent: _____

DENIED (President/CEO/Designee)

Date _____

APPROVED (President/CEO/Designee)

Date _____