

NONALCOHOL EVENT NOTICE

All of the following information MUST BE provided by the Licensee or Manager

WARNING: THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN A NONALCOHOL EVENT UNLESS ALL REQUIREMENTS OF SECTION 90.62 AND PREMISES PASSES INSPECTION THE DAY OF EVENT.

By filing this notice, it is understood that the licensee has received and read all rules and regulations governing a Nonalcohol Event:

- 1. DATE FOR NONALCOHOL EVENT: _____ HOURS OF EVENT: _____.M. TO _____.M.
- 2. Licensee's Name: _____ PHONE: _____
- 3. Licensee's Address: _____ ZIP: _____
- 4. NAME OF APPLICANT: _____ LICENSE CLASS & LICENSE #: _____
- 5. DESCRIBE LOCATION OF DESIGNATED AREA: (Attach sketch if necessary) _____

- 6. # of underage persons expected to attend event: _____
- 7. Describe exact # and location of public entrances to underage nonalcohol event area(and, if necessary, entrances for legal age patrons): (Attach sketch if necessary): _____
- 8. Describe in detail the location of and type of physical barricades which will be used to segregate underage persons from portion or portions of premises which serves alcoholic beverages _____

- 9. # of restrooms available for underage persons during course of event: _____
- 10. ALSO, can restrooms only be entered and exited from inside area where nonalcohol event is to be located? _____
- 11. Are alcoholic beverages kept, stored or present in any portion of the licensed premises where nonalcohol event will take place?
 YES NO.
 > IF YES, alcoholic beverages MUST BE secured to prevent access by underage persons during event; DESCRIBE MEANS OF SECURING ALCOHOLIC BEVERAGES KEPT, STORED OR PRESENT IN PORTION OF LICENSED PREMISES WHERE EVENT WILL TAKE PLACE: _____
- 12. SECURITY personnel must be present during event; Describe arrangement and number of security personnel: _____

- 13. Describe Means of identifying underage persons attending nonalcohol event (eg., wristbands, stamps, etc.): _____

- 14. Number of nonalcohol event notices previously filed: _____ Dates: _____

The undersigned certifies that all information supplied in this application is true and correct and that I/We will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid, or additional information is required by the Springfield Liquor Code now or as hereafter amended. Signatures required: LICENSEE OR MANAGER.

Print Name: _____
Signature: _____
Title: _____

Print Name: _____
Signature: _____
Title: _____

Below is for Liquor Commission Use Only

- _____ DATE AND TIME WHICH NOTICE WAS RECEIVED. > Commission Notified Police Department.
- _____ Y/N NOTICE PROVIDED 48 HOURS PRIOR TO NONALCOHOL EVENT.
- _____ Y/N CORRECT CLASSIFICATION OF LICENSED PREMISES.
- _____ Y/N NOTICE CARDS POSTED AT ALL ENTRANCES/AS REQUIRED.
- _____ Y/N ALCOHOL STORED, KEPT OR PRESENT IN DESIGNATED EVENT AREA.
- _____ Y/N ALCOHOL PRESENT DURING EVENT IN DESIGNATED AREA.
- _____ Y/N ALCOHOL SECURED. > ***If NO, EVENT IS NOT ALLOWED!***
- _____ Y/N PHYSICAL BARRICADES PRESENT & IN LOCATIONS & AS DESCRIBED IN NOTICE

INSPECTED [Inspector Name]: _____ **APPROVED:** _____ **YES** _____ **NO**