

APPLICATION FOR PUBLIC FUNCTION IN BANQUET ROOM

LICENSEE INFORMATION

LICENCE NUMBER: _____ EXPIRY DATE: _____

PREMISES NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

LOCATION TO BE COVERED BY EXTENSION

NAME OF BANQUET ROOM: _____ CAPACITY: _____

EVENT INFORMATION

DATE OF EVENT: _____ TYPE OF EVENT: _____

MINORS (check one): ALLOWED
 PROHIBITED

HOURS: _____ From _____ To _____

PROPOSED ENTERTAINMENT: _____

PROPOSED FOOD SERVICE: _____

MAX. ATTENDANCE ANTICIPATED: _____ # OF SECURITY STAFF: _____

N.B. SECURITY PLAN MAY BE REQUIRED.

Signature of Licensee

FOR AGLC USE