



www.DouglasCountyLibraries.org

# Douglas County Libraries Meeting Room Alcohol Use Request

**Fax Numbers:**  
Highlands Ranch Library, 720-348-9510  
Lone Tree Library, 303-799-4275  
Parker Library, 303-841-7892  
Philip S. Miller Library, 303-688-7715  
Roxborough Library, 720-981-9951

Sponsoring Group or Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City /State / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX #: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Non-Profit                       For-Profit Organization                       Internal

Date(s) Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ (A.M. / P.M.)      End Time: \_\_\_\_\_ (A.M. / P.M.)      Size of Group \_\_\_\_\_

Meeting Room Assigned for Event: \_\_\_\_\_

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE FOR THE ABOVE SPONSOR AGREES THAT:**

- *No alcohol will be sold.*
- *Only beer and/or wine will be served.*
- *All applicable laws and regulations will be abided by, including the compliance with any permit or licensing requirements.*
- *Alcohol will not be accessible to minors.*
- *Proof of insurance will be provided.*
- *In the event of any claim for loss or damage, the above sponsor shall hold DCL harmless and indemnify DCL for all damages and costs related to the defense of any claim, including reasonable attorney fees.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Library Use Only:

Date & time application received:	_____
Branch Manager approval signature:	_____
Date, time & received by Library Director:	_____
Approved by: <input type="checkbox"/> Board	Motion: _____ (copy attached)
<input type="checkbox"/> Library Director signature:	_____

pod 11-07