

Brighton Township Volunteer Fire Department

REQUEST TO SERVE ALCOHOLIC BEVERAGES

DATE OF RENTAL: _____

OPENING TIME: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

This person, whose signature appears below, assumes total responsibility for his/her group and will be present when the building is opened, closed and during the entire affair.

TYPE OF AFFAIR: _____

NUMBER OF GUESTS: _____

TYPE AND AMOUNT OF ALCOLHOLIC BEVERAGES: _____

The BTVFD Social Hall is a family oriented facility. The Brighton Township Police will **strictly** enforce all Pennsylvania Liquor Control Laws. Any violation or undesirable action by your group will result in expulsion from the social hall and/or property and forfeiture of your rental fee and security deposit.

SIGNED: _____

WITNESS: _____

DATE: _____

DATE: _____

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