

Outside Organization Hosted Event at MCAD with Alcohol Service

Event Name _____
Event Date & Time _____ Location _____
Contact Name _____
Contact Phone _____ Email _____

Briefly explain your safeguards to ensure that only those of legal age are served alcohol. Include steps that will be taken to contain the alcohol within the location(s) of the event.

Check one based on definition:

Private event defined as follows:

1. Specific, invitation only guest list or MCAD employee event
2. No charge for event and/or absolutely no money changes hands including donations and tips

*****If this is a qualifying private event, a licensed caterer/bartender must pour the alcohol, but no liquor license is needed. Please sign below and return to the Business Office.**

Public event defined as follows:

1. The event is open to the public or publicly advertised
2. There is admission fee, ticket charges, cash bar, or any other money exchange

*****If this is a qualifying public event, you must follow the checklist below as well as obtain a temporary liquor license from the City of Minneapolis. Return all documents to the Business Office.**

MCAD Liquor License Application Requirements (if public event as defined above)

1. Host organization must apply for a temporary liquor license through the City of Minneapolis and provide a copy to MCAD.
2. Host organization must provide a Certificate of Insurance naming MCAD as an additional insured. See attached for minimum requirements.
3. Licensed caterer/bartender must pour the alcohol.
Caterer's/Bartender's Name _____
Caterer's/Bartender's License Number _____
4. Licensed caterer/bartender must provide a Certificate of Insurance naming MCAD as an additional insured. See application attachment for minimum requirements.

Organizer _____ Date _____
(Signature)

Host _____ Date _____
(Signature)

President's Approval _____ Date _____
(Signature)

I have obtained permission from the President of MCAD to serve alcohol at this event.
(If signature is not available, please check box and attach a copy of email authorizing approval.)

Date Received in Finance office: _____

Copies submitted to: VP Administration
Sr. Director of Finance

Public Safety Director
Insurance Provider