



CFB Halifax

Request To Serve Alcohol



OPI

Name:
 Rank/Title:
 Contact Number:
 Email:

LIQUOR LICENSE NUMBER

148101

OPI must contact Deputy Manager PSP, Caitlin Andrecyk at Caitlin.Andrecyk@forces.gc.ca at least 14 days prior to the event.

EVENT DETAILS

Unit Holding Event:
 Event Location:
 Name of Event:
 Date of Event:
 Hours of Bar Operation:
 Approx Number of Attendees:
 Type of Bar: Cash Bar Host Bar
 Alcohol to be Obtained From:

SERVERS NAME: RESPONSIBLE ALCOHOL SERVICE CERTIFICATION # EXP DATE:

NOTES:

I hereby assume full responsibly to ensure the event referred to above is operated within the parameters of the Liquor Control Act and Liquor Licensing Regulations as per BAdmO TM Provision of Alcoholic Beverages

Signature:

OFFICE USE ONLY:

Recommended by:

Signature:

Approved By:

Signature: