



# 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](mailto: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:      SERVE RIGHT CERT # (SMART SERVE):      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 CO TM 11/24

Signature:

### OFFICE USE ONLY:

Approved By:

Date:

Signature: