



# DISPENSATION FOR COMMUNITY SERVICE, CHARITABLE AND OTHER FUNDRAISING EVENTS INVOLVING ALCOHOLIC BEVERAGES

\_\_\_\_\_ Lodge No. \_\_\_\_\_, is requesting a dispensation to use its facilities on: \_\_\_\_\_ for the purpose of \_\_\_\_\_

What activities will be conducted at this event? \_\_\_\_\_

Who will receive the proceeds from this event? \_\_\_\_\_

**ADVERTISING IN ANY PUBLIC MEDIUM MUST COMPLY WITH SECTION 45.2 OF THE GENERAL LAWS. ABSOLUTELY NO ADVERTISING SHOULD OCCUR BEFORE THIS DISPENSATION HAS BEEN APPROVED!**

**\*\*Attach copy of Advertisement to be approved for compliance**

**The request is being made upon the following conditions:**

1. The lodge certifies that it will conform to the restrictions and requirements listed in Sections 44.3 and 50.7 of the General Laws.
2. At all times the Social Quarters shall be closed to everyone except active members and qualified guests.
3. If required by local law, the lodge affirms that a special liquor license for this event has or will be obtained and the lodge is in compliance with all laws pertaining to the sale and consumption of alcoholic beverages on lodge property.
4. All servers of alcoholic beverages at this event are TIPS (or other state approved program) trained and certified.
5. If this event involves a community service or charitable fundraiser being conducted by another organization, the lodge is required to obtain special event liquor liability insurance in a minimum amount of \$1,000,000 per occurrence. (A copy of the certificate **must** be attached to this dispensation.)
6. No alcohol shall be unattended (i.e. kegs of beer).
7. No one shall be allowed to buy doubles, multiple drinks or "a round for the house".
8. No one shall serve alcoholic beverages to someone who is intoxicated or showing **any** signs of visible intoxication. (The operative language in most dram shop statutes is **service** of alcohol to a visibly intoxicated person.)

(Seal of Lodge)

\_\_\_\_\_

President

\_\_\_\_\_

Date

\_\_\_\_\_

Administrator

\_\_\_\_\_

Date

**(The office of the Chief Compliance Officer will complete this section.)**

Your request for this dispensation is:                      Approved \_\_\_\_\_                      Rejected \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief Compliance Office Representative

\_\_\_\_\_

Date