

Mountain View Center for the Performing Arts
RECEPTION BOOKING REQUEST (WITH ALCOHOL)

Please consult the Audience Services Guidelines Booklet before completing this form.

Please return this form EIGHT WEEKS PRIOR TO YOUR EVENT. For assistance filling out this form, please contact the Audience Services Manager at 650-903-6568, Fax 650-962-9900, Email: audienceservices@mvcpa.com

Licensee: _____ Requested Reception Date: _____

Requested Location: _____ If other: _____

For Event: _____ Curtain Time: _____

Reception Name (i.e., "Smith Properties Donor Reception"): _____

Authorized Reception Contact: _____ Phone: _____

On-Site Reception Contact, if different: _____ Phone: _____

Number of Guests Expected: _____ Type of guests: Audience Performers Selected Guests

In/Out Times: Pre-performance Post Performance

Requested Setup Time: _____ Caterer Arrival Time: _____ Requested Start Time; _____

End Time: _____ Load-out Time: _____

Catering: All foods must be prepared off-site by a licensed caterer or prepackaged snacks (i.e., potato chips, nuts, etc.). All pick up and deliveries must occur within the contracted period. No storage or refrigeration facilities are available. Food must be offered if serving alcohol.

Caterer: _____ Requested delivery entrance: _____ Other: _____

Food Services (please check all that apply) Passed Hors D'oeuvres Hors D'oeuvres Buffet
 Dessert Buffet Pizza/Sandwiches Dinner Service Dinner Buffet Pre-packaged snacks

Setup: Will you be using the existing café table and chair setup? Yes No

Please let us know how many buffet tables you would like to use: _____

(for access to additional tables, please speak to the Audience Services Manager for an estimate).

Please let us know how many information bars you would like to use: _____

Special Requests: _____

Will alcohol be served? Yes No If yes, please complete and sign the Alcohol Section below..

ALCOHOL SERVICE REQUEST

Alcoholic beverages shall not be permitted to be served in the Center except when duly authorized by the Center's Executive Director or Operations Manager and properly licensed in accordance with Adopted policies and procedures. Permission must be requested in writing at least four (4) weeks in advance of the user's event. **User must provide proof of host liquor insurance no later than three (3) weeks before Alcohol is served.**

User shall also serve none alcoholic beverages and food. All food must be prepared off-site by a licensed caterer. All food and beverages will be provided to guests at no charge. Alcohol will be served by user, the user's caterer and/or supervised by a representative of the Bean Scene Café (holder of the venues liquor license). Anyone under the age of 30 must be checked for ID.

User Requests Permission to Serve Alcohol at Reception:

Time of Alcohol Service: From: _____ to: _____

Type of Alcohol Services (wine, beer, etc) to Be Served: _____

Non alcoholic Beverages to Be Served (mineral water, soft drinks etc): _____

(Nonalcoholic beverages and food must be served in addition to the alcoholic beverages.)

Service Staff for Alcohol: _____

Services Staff must check IDs for anyone under the age of 30)

Signature of Authorized User Representative: _____ Date: _____

MVCPA Use Only:

MVCPA Approved By: _____ Date: _____

Received by Bean Scene Cafe _____ Date _____