

DOVE POINTE

“Serving The Community At Dove Pointe”

Application for Community Use Of Dove Pointe

APPLICANT INFORMATION

Name of Individual/Organization: _____

Address: _____

Phone: _____

EVENT INFORMATION

Date: _____ Time: _____

Number of Guests: _____

Name of Caterer: _____

Address of Caterer: _____

Phone: _____

Is alcohol being served at the event? Yes _____ No _____

If so, who is providing the alcohol? _____

Are the guests at the event being charged for the alcohol? Yes _____ No _____

**** If the guests at the event will be charged for the alcohol, the applicant must obtain the services of an approved caterer who holds a liquor license for Wicomico County. Please refer to Dove Pointe alcohol requirements.**