

Responsible Beverage Service Training Request Form

(Please Print)

In order to offer you and your staff an effective training, please fill out and return this form.

Contact Information:

Establishment Name: _____
Address: _____
Contact Person: _____
Phone: _____ Fax: _____ Email: _____

Availability:

Days of the week that work best for the training: (Circle one) Mon. Tues. Wed. Thu. Fri. Sat. Sun.
Time of day that works best: (Circle one) Mornings Afternoons Evenings

About Your Establishment:

Do you have a full service bar? Yes or No
Do you serve more liquor or beer? (Circle one) Liquor Beer
Do you host wedding receptions or group events? Yes or No
What age group do you typically serve? (Circle all that apply) College, 24-30, 31-40, 41-50, 51+

About Your Staff:

What is the experience level of your bar tenders: _____

What are your biggest alcohol responsibility concerns that you and/or your employees have (i.e. example, proper pouring methods, knowing when to cut off guests, how to deal with intoxicated guests, knowing the law, etc.)? _____

Please return this form to our office. Thank you.

Fax this form to: **-Or-**
Public Health – Muskegon County
Attn: Health Education
(231) 724-3113

Mail this form to:
Public Health – Muskegon County
Attn: Health Education
209 E Apple Avenue
Muskegon, MI 4442



Public Health
Prevent. Promote. Protect.
Muskegon County