

BLACK WALL STREET LIQUID LOUNGE

Event Inquiry Form

Today's Date				
Organization/ Event Name				
Contact Name				
Contact Phone				
Contact Email				
Event Date				
Start & End Time				
Number of Attendees	1-20	20-30	30-40	40-50
Are you intaking revenue?	yes	no		
Will you utilize the kitchen?	yes	no		
Will you use our technology?	yes	no		
Will the room need to be rearranged?	yes	no		
Will you be bringing alcohol into the venue?	yes	no		

Special Accomodations:

