

REQUEST FOR PERMISSION TO SERVE ALCOHOLIC BEVERAGES

(TYPE OR PRINT)

NAME OF REQUESTOR: _____ EXT: _____ M/S: _____

REPRESENTING WHAT GROUP: _____

IF A NON-UNIVERSITY GROUP, SPECIFY CAMPUS CO-SPONSOR: _____

EVENT FOR WHICH ALCOHOL IS REQUESTED: _____

BUSINESS PURPOSE FOR EVENT: _____

DATE OF EVENT: _____ TIME BEGINS: _____ TIME ENDS: _____

LOCATION: _____ EXPECTED ATTENDANCE (NUMBER): _____

EXPECTED ATTENDEES: FACULTY STAFF STUDENTS
 NON-UNIVERSITY (SPECIFY GROUP) _____

TYPE OF ALCOHOL REQUESTED: _____

CERTIFICATION: As the Responsible University Official, I understand that I am to be present for this event to assure that no alcoholic beverage is taken out of the designated area, that no individual under the legal drinking age is served, and that food is available.

RESPONSIBLE UNIVERSITY OFFICIAL: _____
(Typed Name & Title)

SIGNATURE: _____ DATE: _____

REQUESTOR _____ DATE _____

SPACE / ROOM APPROVAL _____ DATE _____
(See Policy Memorandum 79-VI.57-25)

VICE PRESIDENT _____ DATE _____

(CONCUR WITH REQUEST)
 (CONCURRENCE DENIED)

VICE PRESIDENT FOR BUSINESS AFFAIRS _____ DATE _____
(or designee)

PRESIDENT _____ DATE _____

(PERMISSION GRANTED)
 (PERMISSION DENIED)

DATE _____