

ALCOHOL PERMIT FORM
On or Off Campus

University Department, Student Group or Third-party Name: _____

Person Applying For Permit: _____ Date: _____

Applicant's Affiliation to the Department, Student Group or Third-party: _____

Telephone number of applicant or organization: _____

Name of the Event: _____

Focus of the Event: _____

Date and Time of the Event: _____

Location of the Event: _____

Name/phone number of licensed third-party alcohol vendor: _____

How will you ensure that minors will not be served alcohol? _____

What type of alcoholic beverages will be served? _____

Will non-alcoholic beverages and food be served? Yes____ No____

Describe alternate transportation: _____

If required, provide the name of the off-duty police officer: _____

Complete the above information, provide a copy of your advertisement or flyer and obtain the following signatures at least one week prior to the event:

Approval for University Events:

Signature: President or Vice President for Advancement

Date

Approval for Student Groups:

Advisor

Group President/ Supervisor

Signature: Dean of Students or VP Enrollment/Student Life Date

Approval for Third-party:

Signature: AVP Administrative Services and HR

Date