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