

# ALCOHOLIC BEVERAGE APPROVAL FORM



Event Contact Name

Phone

Organization

Date of Event

Duration of Event

Location of Event

Estimated Number of Participants

Amount & type of alcoholic beverages

Amount & type of non-alcoholic beverages

Amount & type of food available

Will there be an admission charge? Yes  No  Will the alcoholic beverages be sold? Yes  No

Event Name: KR Z LOO E H V H U Y L Q J W K H D O F R K R O L F E H Y H U D J H V "

Is the server aware of their responsibilities? Yes  No

advertisements and the approved advertising promotional and marketing  No  If Yes attach copies

(Signatures must be obtained in the order they appear below)

1) Signature (Event Coordinator/Organizer/Sponsor) \_\_\_\_\_ Date \_\_\_\_\_

2) Signature (Department Chair/Director) \_\_\_\_\_ Date \_\_\_\_\_

3) Signature (Alcohol Provider) \_\_\_\_\_ Date \_\_\_\_\_

4) Signature (University Police Dept.) \_\_\_\_\_ ' D W H

5) Signature (EH&S) \_\_\_\_\_ ' D W H

Approval: \_\_\_\_\_ Deny \_\_\_\_\_ Date \_\_\_\_\_

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