

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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