

## Request for Permission to Serve Alcoholic Beverages

Title of Event: \_\_\_\_\_

Purpose: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

(Must be the name and title of the responsible party and/or host of the event.)

Contact Information: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

(If the event is held on Recreation Center or University Housing property, please forward a copy of the signed form to Auxiliary Enterprises.)

Date: \_\_\_\_\_ Time: from \_\_\_\_\_ P.M. until \_\_\_\_\_ P.M.

Number of Guests Expected: Total \_\_\_\_\_ Faculty \_\_\_\_\_ Students \_\_\_\_\_

Staff \_\_\_\_\_ Guests \_\_\_\_\_

Please provide short answers or circle appropriate answers as indicated to the following questions:

*What steps will be taken to assure that alcoholic beverages will not be served to minors?*

\_\_\_\_\_

ID Badge Check

Hand Stamp

Tickets

Other

*What steps will be taken to regulate the serving of alcohol?*

\_\_\_\_\_

Tickets

Hand Stamp

Cash Bar

Other

*Will non-alcoholic beverages and food be provided?*

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*Will security be provided by the host facility? If not, what provisions will be taken to assure security measures (e.g., if more than 15 attendees are expected, UT Police should be advised)?*

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Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_ (signature of responsible party)

Endorsement: \_\_\_\_\_

Date: \_\_\_\_\_ (if applicable, dean\* or vice pres.)

Approval: \_\_\_\_\_

Date: \_\_\_\_\_ Chief Financial Officer or designee

\* Medical School Requests must go through the Dean's office prior to submission to Finance and Legislative Affairs.

Submit to VP, Finance & Legislative Affairs via email, by interinstitutional mail to UCT 1735, or by fax at 713/500-3805.

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Return Form to: \_\_\_\_\_

Phone: \_\_\_\_\_

Inter-Institutional Address: \_\_\_\_\_

Fax: \_\_\_\_\_

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