**Alcoholic Beverages on University Property**

**Request for Approval**

Please print.

**Name of Individual Requesting Approval (Requestor):** Click here to enter text.

**Date of the Event:** Click here to enter text. **Location of the Event:** Click here to enter text.

**Approximate Number of Attendees:**  Click to enter text **Types of Alcohol to be served:** Click to entertext

**Purpose of the Event (Specify if it is cultural, educational, entertainment, athletic and/or social in nature):** Click here to enter text.

**Will attendees be charged for the event, or will money be charged for alcoholic beverages?** [ ]  **YES** [ ]  **NO**

**[If yes, a licensed/insured caterer must be used. A licensed caterer will have the appropriate license from**

**the Alabama Beverage Control Board.]**

**Responsible Party who will serve and monitor alcohol consumption during the event:**

**Individual(s)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insured Caterer**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Request Reviewed by Vice President for Financial Affairs**

[ ]  **Approved** [ ]  **Denied**

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President Date

Original: Financial Affairs Office Copy: Requestor and Campus Security