

UNIVERSITY OF MISSOURI-COLUMBIA

REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY

(Request is to be submitted one week prior to the date of intended use)

1. LOCATION OF PROPOSED ACTIVITY: _____

2. DATE OF THE EVENT: _____ TIMES: _____ / _____
From To

*PLEASE NOTE: All alcohol must be ended at _____ due to University regulations.

3. DESCRIPTION OF THE EVENT: _____

(Description to include purpose of the event, type of alcohol to be served and method of service, i.e., wine/cheese reception, wine served with meal, etc.; what is the funding source for purchase of the alcohol, i.e., gift funds, admission charges, etc.)

4. PRIMARY GROUP THAT WILL BE ATTENDING EVENT:
_____ Faculty/Staff _____ Students _____ Other (Please Specify)

5. DEPARTMENT OR ORGANIZATION MAKING APPLICATION: _____

Address of Group: _____ Phone # _____

6. PERSON RESPONSIBLE: _____

Address: _____ Phone # _____ Fax # _____

7. RESPONSIBLE PERSON AT THE ACTUAL EVENT:

All persons attending the activity must comply with applicable federal, state and University regulations. I accept personal responsibility for ensuring that University policy and state laws governing use of alcoholic beverages are complied with, and accept financial responsibility for the activity.

Signature of Person Responsible

Printed Name

Address

Phone #

Date

Bldg. Coordinator Signature

Phone #

Date

Catering Representative Signature

Phone #

Date

The use of alcoholic beverages at the proposed activity is: _____ APPROVED _____ DISAPPROVED

Additional Requirements needed for Approval: _____

Vice Chancellor for Administrative Services

Date