REQUEST FOR ALCOHOLIC BEVERAGE SERVICE

For permission to serve alcohol at your event, please fill out the following:

Name of Organization/Department: _____

Type of Event: _____ (Reception, Banquet, Luncheon, etc.)

Event Title: _____

Date of Event: _____ Time: From _____ To _____

Location: _____ Reservation made? Yes No

Is the event open to the public or is it a university only event? _____

Approx. number in attendance: _____ Age of Group: % over 21 _____% under 21 _____

Campus policy requires that the sponsoring group have food and non-alcoholic beverages available. Food and beverage purchases over $100 must be ordered through Campus Catering (784-6143). A licensed liquor vendor must be contracted through Campus Catering to serve all alcoholic beverages even when the alcohol is provided by the sponsoring organization.

Type of Alcoholic Beverage(s) served: _____

Type of Service, Host or No-Host (Cash Bar): _____

Type of Non-Alcoholic Beverage(s) to be served: _____

Type of Food to be served: _____

Will Campus Catering be providing food? Yes No

Will Campus Catering be serving the alcohol? Yes No

If no, is alcohol being served by a Licensed Liquor Vendor (LLV)? Yes No

Name of LLV and attach a copy of the license (if not using Campus Catering): _____

Please state how you will ensure that underage and intoxicated people will not be served alcohol.

Please indicate why you think it is important to have alcohol at the event.

Requesting individual (please print): _____ Signature*: _________________________

Mailstop: _____ E-Mail: _____ Phone: _____

Responsible person to be present at the event: _____

*Signature indicates acceptance of the supervisory responsibility for the event as it pertains to the distribution and control of alcohol.

Please return the completed form to the Office of the Associate Vice President for Student Life Services Mail Stop 0132 or e-mail to ethomas@unr.edu or fax to (775) 784-1754 at least 10 working days prior to the event. This form was last updated in March 2016.

Approved _________ Disapproved ____________

Signature: ___________________________________ Date: _____________________________

Copies: Campus Catering/0192; Scheduling Services/0114 or PSAC Scheduling/0395 or CSU Scheduling/0056; RLH&FS – Russ Meyer/0060; Sponsoring Organization