

**ALCOHOL PERMIT FORM**  
**On or Off Campus**

College Department, Student Group or Third-party Name: \_\_\_\_\_

Person Applying For Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Affiliation to the Department, Student Group or Third-party: \_\_\_\_\_

Telephone number of applicant or organization: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

Date/Time/Location of the Event: \_\_\_\_\_

Name/phone number of licensed third-party alcohol vendor: \_\_\_\_\_

How will you ensure that minors will not be served alcohol? Event is by invitation.

What type of alcoholic beverages will be served? Wine

Will non-alcoholic beverages be served?      Yes      No

Describe alternate transportation: \_\_\_\_\_

If required, provide the name(s) of the off-duty police officer(s): \_\_\_\_\_

*Complete the above information, provide a copy of your advertisement or flyer and proof of financial responsibility (required for third-party groups), and obtain the following signatures at least one week prior to the event:*

**Approval(s):**

\_\_\_\_\_  
**Vice President of Business Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Date**