



Request for Use of Alcohol Form
Please return form to the Chief of Staff

Applicant Information

University Dept. /Organization Sponsor: _____

Requestor's Name: _____

Contact Email: _____

Day Phone: _____ Cell Phone: _____

Event Information

Event Title: _____

Purpose of Event: _____

Type of Event:

- Dinner/Banquet/Meal Meeting/Gathering Concert
 Dance/Gala Social Party/Reception
 Other: _____

Date(s) of Event (Month, Day, and Year): _____

Opening Hour: _____ A.M. /P.M. Closing Hour: _____ A.M. /P.M.

Location (building & room #): _____

Estimated Attendance: _____ % Over 21: _____ % Under 21: _____

Including (select all that apply):

- Students Faculty Staff Public

Contact names and numbers of person(s) on-site during the event that will respond to questions and concerns: _____

Have you contacted and secured permission to have this event in the stated venue?

Yes No If yes, to whom did you speak: _____ on what date: _____

Will this person be on site during the event?

Yes No If no, who will be on site from the venue? _____

Have you contacted Campus Police (423-425-HELP) regarding this event?

Yes No If yes, to whom did you speak: _____ on what date: _____

Entrances and exits of facilities where alcohol is being served must be monitored. Have you made arrangements for monitoring the entrance and egress from the facility?

Yes No

Please explain. _____

Describe plans to prevent underage alcoholic beverage consumption at the event (i.e. tickets, name tags, guest lists, etc.). _____

Drinks tickets must be used and must be limited to two (2) tickets per guest. Have you made arrangements for distributing drink tickets?

Yes No

Please explain. _____

Plans for Event (select all that apply):

- Admission to the event will be free and alcohol will be served
- Providing alcohol and selling tickets or requiring payment for admission; food or a meal; open house; fundraiser; entertainment function; or other event
- Applicant accepting donations (food, beverages, music, or other goods and services) at an event where alcohol is being served
- Selling alcoholic beverages for consumption at the event or for an off-site location
- Selling raffle tickets, and alcohol will be a prize at the raffle
- Holding an auction and alcohol will be an auctioned item
- Selling scrip to attendees for exchange at the event's bar

Type of alcoholic beverages being served (select all that apply):

- Beer/Ale Wine Liquor

Name of Contractual Caterer/Bartender/Server of Beverages: _____

Will you or your specified licensed caterer/bartender be providing appealing non-alcoholic beverages displayed in equal prominence with the alcoholic beverages?

- Yes No

Please describe the non-alcoholic beverages that will be available. _____

Please note that you will be responsible for turning in a guest list check sheet of those who attended the event post its occurrence.

The Applicant hereby warrants and confirms that the information contained within, to the best of his/her knowledge, is true and correct, and further certifies that he/she has read all of the questions and answers of this application. The Applicant agrees to take responsibility for enforcing UTC's alcohol policies. The Applicant understands and agrees that the completion of this application shall not be binding until accepted by the Executive Vice Chancellor and Chief of Staff in the Office of the Chancellor.

DATE
SIGNATURE: Applicant

DATE
SIGNATURE: Chief of Staff, Office of the Chancellor (Authorized UTC Representative)

DATE
SIGNATURE: Executive Vice Chancellor for Finance, Operations, and Information Technology (Authorized UTC Representative)

FOR INTERNAL USE ONLY

Final Determination: Approved: _____ Date: _____
Denied: _____ Date: _____

Comments: _____

Security Personnel Required: Yes No # of Security Personnel: _____

COPIES TO BE SENT BY CHANCELLOR'S OFFICE STAFF

- | | | |
|-------------------|-------------------------------------|-----------------------------------|
| cc: Applicant | <input type="checkbox"/> By Mail | <input type="checkbox"/> By Email |
| Aramark | <input type="checkbox"/> Dept. 1701 | <input type="checkbox"/> By Email |
| Asst. Gen Counsel | <input type="checkbox"/> Dept. 5065 | <input type="checkbox"/> By Email |
| Campus Police | <input type="checkbox"/> Dept. 3954 | <input type="checkbox"/> By Email |
| Venue | <input type="checkbox"/> Dept. | <input type="checkbox"/> By Email |