

Appendix B – REQUEST FOR APPROVAL TO SERVE ALCOHOLIC BEVERAGES

Completed Request for Approval form must be submitted to the Office of the Chancellor at least ten (10) business days prior to the event.

UNIVERSITY EVENT INFORMATION

Sponsoring Division _____ Cabinet Member _____

Event Host _____ Email _____

Type of Event/Event Title _____

Purpose of Event _____

Date of Event _____ Estimated Attendance _____

Beginning time _____ a.m. _____ p.m. Ending time _____ a.m. _____ p.m.

Location _____

Has permission to use the facility been granted? Yes _____ No _____

Times that alcoholic beverages will be served during the event:

Beginning time _____ a.m. _____ p.m. Ending time _____ a.m. _____ p.m.

(Note: Alcohol service should end at least one hour prior to Event end time.)

ATTENDEES

Will any person under age 21 be solicited or invited to attend? Yes _____ No _____

(Note: If the answer is yes, describe the precautions that will be taken to ensure that persons under 21 years of age are not served alcoholic beverages, e.g., "IDs will be checked for anyone whose age is in question.)

Precautions _____

CHARGES/DONATIONS

Are attendees being charged anything to attend this event? Yes _____ No _____

Are attendees required to make a donation in order to attend this event? Yes _____ No _____

(Note: There cannot be any direct exchange of money for alcohol. If the answer to either question is Yes and you are serving beer and/or unfortified wine, ((or liquor and/or fortified wine -UNCP Advancement Division/Office of the Chancellor only)) a Special One Time Permit is required. If the answer is No, but you are only serving beer and/or unfortified wine, you do not need a permit. UNCP Advancement Division/Office of the Chancellor only-If the answer is No, but you are serving liquor and/or fortified wine, a Limited Special Occasion Permit is required.)

PERMIT HOLDER _____

FUNDING

What is the source of funds for the purchase of alcoholic beverages? _____

(Note: No state appropriated, student fees, or federal funds may be used to purchase or reimburse the purchase of alcoholic beverages. Discretionary funds may be used or the alcohol may be donated. Any leftover alcohol that is unopened must be stored in a secure location. Any leftover alcohol that has been opened must be disposed of properly.)

FOOD AND BEVERAGE

Are you planning to serve nonalcoholic beverages and food at your event? Yes _____ No _____

(Note: nonalcoholic beverages and food must be available.)

What type of alcoholic beverages will be served? Check all that apply.

Beer _____ Wine (Unfortified) _____ Wine (Fortified) _____ Liquor _____

(Note: Fortified wine/liquor may only be served by UNCP Advancement Division.)

BARTENDING SERVICE

Professional Bartender _____

Does the bartender have liability insurance? Yes _____ No _____

(Note: Per University contract, Sodexo has the exclusive privilege of first right of refusal to perform food, including bartending, service on or from UNCP premises. To arrange bartending service through Sodexo, go to <https://uncp.catertrax.com>; sign in or create an account; click on Flavors>Additional Services (bottom left side)>Bartender; submit order for bartending service. If using an outside bartending service, follow the Purchasing Office guidelines; purchase order is required. NO CASH AND/OR SELF-SERVE BARS!)

ACKNOWLEDGEMENT

By submitting and signing this request, the cabinet member for the sponsoring division and the event host acknowledges they have read the University's *Policy on Alcoholic Beverages* and agrees that the serving of alcoholic beverages at this University event will be conducted in compliance with the policy, this *Request for Approval*, and state and local law.

Cabinet Member Signature _____ Date _____

Division _____

Event Host Signature _____ Date _____

Approval of this application and agreement is expressly conditioned upon obtaining the necessary ABC permits (if applicable).

ATTACH copy of applicable ABC permits to this form

Security Acknowledgement

Reviewed by Director of Police & Public Safety _____

Date Reviewed _____

Office of Special Events

Reviewed by _____

Name *Signature*

Date Reviewed _____ Permit Required: Yes _____ No _____

Comments _____

Chancellor or Chancellor's Designee

Approved: Yes _____ No _____ Comments _____

Signature _____ Date _____

Title _____