

Request for Service of Alcoholic Beverages

at Closed, Catered Purdue University Event

Requests for alcohol service should be made at least 30 days in advance of event date.

1. Name of Event: _____
2. Date of Event: _____
3. Location of Event: Building _____ Room # _____ Number Attending _____
Start Time _____ am/pm End Time _____ am/pm
4. Type of Event: Meal Cocktail Reception Dance Other (Please Explain)

5. Name of Sponsoring Organization: _____
Billing Address of Sponsoring Organization: _____
Phone Number of Sponsoring Organization: _____
6. Name of Person Responsible: _____
Title: _____
Relationship to Sponsoring Organization: _____
Primary Phone Number: _____
Email Address: _____
7. Description of alcohol service requested (i.e. Cash Bar before dinner, etc.)

8. Will anyone under the age of 21 be attending this event? Yes No
If yes, please explain: _____
9. Will you certify that over 50% of those who attend the event will be 21 years of age or older? Yes No
10. Will you certify that the proposed event is a "closed, catered event" in the sense that it is not open to the general public and that each person in attendance has either been personally invited or has purchased a ticket in advance? Yes No
11. Will you agree to ensure that food and non-alcoholic beverages are available to participants at all times that alcohol is being served? Yes No
12. Will you agree not to use the name of any alcohol product, manufacturer or distributor in announcing or promoting this event and not to use any term or phrase which might convey that the consumption of alcohol is a major focus of this event? Yes No
13. Will you hold this event on campus even if alcohol is not approved? Yes No

IMPORTANT: YOU MUST COMPLETE PAGE 2 OF THIS FORM

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14. For Purdue University units and departments, please list the funding source that will support the purchase of alcohol for this event, if approved. Recognized student organizations and non-University organizations must pay by approved check, credit card, or money order.

REMINDER: UNIVERSITY GENERAL FUNDS AND STUDENT ORGANIZATION FUNDS MAY NOT BE USED FOR ALCOHOL PURCHASES.

University Account/Billing Information

A/R# _____ Fund# _____

Cost Center# _____ Internal Order # _____ GL Account # _____

15. Please list the person's name who will be present throughout the entire event who will be the sole contact person for your organization.
This person must identify himself/herself to the PMU staff person present at the start of the event.

The above individual will have the responsibility to communicate with event participants on any issues relating to alcoholic beverage consumption.

16. By my signature below, I certify that I am an official representative of the unit or organization sponsoring this event and that I am authorized to enter into this agreement. My signature also certifies that I agree to comply with all University policies, rules and regulations, as well as all state statutes and that I agree to bear the cost of personnel necessary to ensure compliance with said policies, rules, regulations and state statutes. I further agree that should the event not comply with any of the above, the University reserves the right to immediately terminate alcohol service at said event, with the sponsoring organization remaining responsible for all costs associated with the event as planned. I understand that Purdue University reserves the rights to limit quantities of alcoholic beverages served at an approved event, to limit hours and dates when such service may occur and to withhold approval of possession, consumption, provision and sale of alcoholic beverages to any organization, group or individual at any time and for any reason deemed appropriate by the University and its agents. That decision is discretionary and lies wholly with Purdue University, subject to its best interests as it determines them.

Signature of Person Responsible for Event _____ **Date** _____

(Note: The above signature must be from the same individual listed in item #6 on this request)

When completed, please submit the signed request form to the Purdue Memorial Union Caternig andEvents Office, 101 North Grant Street, Room 160, West Lafayette, IN 47906 or you may either FAX to (765) 494-8851 or mail the signed document.

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REMEMBER TO ATTACH: Copy of Space Confirmation (where applicable)
Copy of Approved Event Planning Form (for student organizations)
Copy of Approved Calendar Form (where applicable)
Copy of Catering Contract Describing Food & Beverage Service (where applicable)

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(For office use only)

Approved: _____ Date _____

(For Housing and Food Services)

Approved: _____ Date _____

(For the Executive Vice President and Treasurer)