

ALCOHOL EVENT FORM

This form must be completed and submitted to the Office of the Dean of Students four (4) weeks prior to an event. For ALL events held in a location *other than the Knight Club or Susan Howell Hall*, a \$75 permit fee may be applicable. For questions concerning permit fees, please contact the Office of the VP for Business & Finance at 607-871-2966. Alcohol service for "open bar" events cannot exceed 4 hours. Food is required during all events serving alcohol and must meet the minimum requirements under Section 64-a of the ABC Law (e.g. salads, soups, sandwiches, finger foods; pretzels and chips do not meet the minimum requirements). Please attach a menu and complete this form in its entirety.

Name/Purpose of Event: _____

Date of event: _____ Time of Event: Start time: _____ End time: _____
 Alcohol service from: Start time: _____ End time: _____

Admission charge: Yes No (If yes, amount \$ _____; please explain: _____)

Anticipated number of attendees: _____ Open to the Public: Yes No

Type of Alcohol: Beer Only Wine Only Beer, Wine & Soda Full Bar (Liquor, Beer, Wine, Soda) Other _____

Type of Bar Service: Cash Bar Open Bar (Sponsor pays)

List all nonalcoholic beverages that will be available: _____

Location of Event: _____ *Events being held in the Knight Club & Susan Howell Hall must use AU Fresh Dining Services.*

The event will be catered by AU Fresh Dining Services (Events catered on campus by AU Fresh Dining Services are not permitted to supply their own alcohol. AU Fresh Dining Services contact is 607-871-2285. There is a \$75 an hour minimum charge for bartender services if required.)

The event is not being catered; If the event organizer is requesting to supply food and alcohol, please complete the section below for review and consideration. In doing so, I have read and affirm that this event will comply with the Alfred University Alcohol & Drug-free Policy and take personal responsibility for the event.

Signature: _____
The amount of alcohol must be reasonable and proportional to the number of attendees at the event.

The alcohol will be provided/purchased by: _____
 Please list quantities that will be available/served: _____

Please describe the procedures and safeguards that will assure all persons under the age of 21 and/or visibly intoxicated will not be served:

Information REQUIRED for Invoicing

Individual(s) responsible for the event: _____ Phone #: _____
 Address or Department: _____
 Signature: _____ Date: _____ Email Address (required): _____

Information REQUIRED for Student Events

Provide name of Sponsoring Organization and Advisor: _____
 Email address of requestor: _____
 Advisor Signature (required): _____ Date: _____ Email Address: _____

For office use only: This section to be completed by the Dean of Students Office

Date Received: _____ Request Approved: _____ Request Denied: _____ Dean of Students/Designee: _____ Date: _____
 Justification for Denial: _____

For office use only: This section to be completed by VPBF Office

Event form received by VPBF Office (date): _____ Event is covered by AU license: ___ Yes ___ No
 ABC Permit requested (date): _____; Requested by: _____ Permit Issued (date): _____; License Number: _____