REQUEST FOR APPROVAL TO SELL AND SERVE ALCOHOLIC BEVERAGES
AT A UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN EVENT

1. This request is for (check one):
   [ ] The sale of alcoholic beverages.
   [ ] The service (no sale) of alcoholic beverages.

2. If requesting permission for an event that will be held on campus:
   a. Designate the location of the event:
      [ ] Activities and Recreation Center
      [ ] Allerton Park and Retreat Center
      [ ] Assembly Hall
      [ ] Bevier Hall
      [ ] I-Hotel Conference Center
      [ ] Illini Union/Housing Division Catering
      [ ] Krannert Center for the Performing Arts
      [ ] Memorial Stadium and surrounding areas
      [ ] Other – List name and location:
      _____________________________
      _____________________________

   b. List insured caterer that will be administering alcohol:
      _____________________________
      _____________________________

3. Name of unit (department and/or college) sponsoring the event:
   _____________________________

4. Provide the name (if appropriate) and purpose of the event. Specify if it is cultural, educational, entertainment, athletic, and/or social in nature.
   _____________________________

5. Alcoholic liquors will be sold and or dispensed as follows:
   _____________________________
   _____________________________
   _____________________________

6. Will the event comply with all requirements of the University of Illinois at Urbana-Champaign Alcohol Management Policy (Campus Administrative Manual, Section III, Terms and Conditions)?
   _____ Yes _____ No—If not, list requested exceptions:
   _____________________________
   _____________________________
   _____________________________

7. Specify the name of the caterer, if applicable (View list of insured caterers):
   _____________________________
8. If requesting permission for an event that will be held off-campus:
   a. Designate the location of the event:
   ________________________________________________________________
   ________________________________________________________________
   b. List who will be administering alcohol:
   ________________________________________________________________
   ________________________________________________________________

9. Specify the C-FOP string from which payment for alcoholic beverages will be made.
   ________________________________________________________________

10. THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES TO COMPLY WITH
    THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN ALCOHOL
    MANAGEMENT POLICY AND WILL ENSURE THE FOLLOWING
    REQUIREMENTS ARE ENFORCED:
    • The venue is safe and suitable for alcohol distribution
    • Majority of attendees at the event are age 21 or older and there is a method for
      checking IDs
    • Alcohol is served by a licensed caterer with properly trained staff
    • The sale or serving of alcoholic liquors and the demeanor of the participants are in
      accordance with State law and University policies

    Dean, Director or Designee or Client   (printed name and signature)              Date

    An approved copy of the form will be sent back to the requesting unit. Please provide
    contact information:

    Name:  ________________________________________________________________
    Email address:  _________________________________________________________

11. Submit this form to:
   Associate Vice Chancellor for Student Affairs/Director of Auxiliary Services
   120 Swanlund Administration Building, MC-304

    APPROVED:

    Associate Vice Chancellor for Student Affairs/
    Director of Auxiliary Services

    Approver's Remarks:
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________