

ALCOHOLIC BEVERAGE ACTIVITY FORM

Name of Person Making the Request (Print) _____

Texas State ID# (if applicable) _____ Date Form Submitted _____

E-mail _____ Phone _____

Address _____

Name of Faculty, Staff, Chartered or Registered Student Organization, Department, College, Division, or Vice-President Sponsoring the Event (Print): _____

E-mail _____ Phone _____

Type of event: Office/Department/Division, Chartered/Registered Student Organization, or

Other _____

The event is: invitation only, open to the university community, or open to the public

Cost of attendance to the event: free or \$ _____

Type of alcoholic beverages to be made available _____

Anticipated cost of alcohol purchases _____

Type of non-alcoholic beverages and food to be made available _____

Description of Event _____

Date of Event _____ Time _____ AM/PM to _____ AM/PM

Building Location (Approved [Special Use Facility](#)) _____ Room _____

Anticipated Attendance _____

Will the majority of those attending be at least 21 years of age Yes No

The undersigned, in connection with the application to reserve a facility for the event described, certifies that (1) such function will not be restricted on the basis of color, age, disability, veterans' status, sexual orientation, gender identity, and gender expression, race, religion, sex or national origin (see [UPPS No. 04.04.46](#), Section 01.01), (2) such function will normally be restricted to university-related groups, (3) appropriate persons will be present at the function to ensure the proper use of the facility, (4) such function and use of the facility will not violate any law of the state or rule or regulation of the university.

UPPS No. 05.03.03, Alcoholic Beverage Policy and Procedure

Furthermore the undersigned agrees to reimburse the university for any loss, damage, or expense incurred by the university as a result of the undersigned's use of the facility, and is aware the university will not assume any liability for property damage or personal injury, including death, that may result from or during the undersigned's use of the facility. Beverage servers must be present at all events in which alcohol is served and must be seller or server trained through a certified TABC school and possess a current and valid certification to dispense alcohol. University police officers must be present unless an exception is granted by the university.

Name of Person Making the Request (Signature) _____

Name of Person Sponsoring the Request (Signature) _____

Print _____ Date _____

Signature of UPD Chief of Police/Designee _____

Print _____ Date _____

Number of Officers Assigned _____

Signature of Facility Manager/Designee _____

Print _____ Date _____

Signature of Representative of Caterer _____

Print _____ Date _____

Signature of Vice President/Designee _____

Print _____ Date _____

Signature of Vice President/Designee for Finance and Support Services (for events with alcohol purchase in excess of \$1,000) _____

Print _____ Date _____

Contact information: Office of the Vice President for Finance and Support Services at 512.245.2244.