



### ALCOHOLIC BEVERAGE ACTIVITY

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are a university employee, please provide:

Office/Department: \_\_\_\_\_ Texas State ID#: \_\_\_\_\_

Is this a university sponsored event?  Yes  No

If you are not a university employee, please provide:

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### TYPE OF ACTIVITY

(Check all that apply)

Departmental  Closed Social  
 Student Organization  Open (ALL CAMPUS) Social  
 Residence Hall  Other (Specify): \_\_\_\_\_  
Free?  Yes  No Charge \$: \_\_\_\_\_

Type of alcoholic beverages to be made available: \_\_\_\_\_

Type of non-alcoholic beverages to be made available: \_\_\_\_\_

### EVENT DETAILS

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_  AM/ PM to \_\_\_\_\_  AM/ PM

Location: \_\_\_\_\_ Room Assigned: \_\_\_\_\_

Description of Event: \_\_\_\_\_

ANTICIPATED ATTENDANCE: \_\_\_\_\_

Is Chartwells supplying the alcohol for this event?  Yes  No If

'No', please provide Vendor Information below:

Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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. 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.

Signature of the Divisional Vice President: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of University Police Director/Designee: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Officers Assigned: \_\_\_\_\_

Signature of Facility Director/Coordinator: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative of

University Food Contractor (Chartwells): \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Vice President for

Student Success/Designee: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

For NCAA-sponsored events or events held in any athletic facility.

Signature for Vice President for

Intercollegiate Athletics: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

For events with alcohol purchases in excess of \$1,000.00, the signature of Executive Vice President for Finance and Support Services is required.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information:

**Dean of Students Office**

LBJ Student Center 512-245-2124

**University Police Department**

615 North LBJ-Nueces Building 512-245-8336

**Chartwells-University Food Contractor**

700 Moore Street-Harris Dining Hall 512-245-9930