



# UNIVERSITY OF ST. THOMAS

## Request for Alcohol Permit

Name of group/event:		Account #:
Date of Event:	Event Start Time:	Event End Time:
Name of Sponsor or Staff/Faculty Advisor:		
Name of specific person in charge of event:		
Campus/Local Address:		
Phone #:	Email:	
Facility to be used for event:		
Number expected to attend:	% under 21	
Services of alcoholic beverages will be terminated at:		
Kind and amount of Alcohol to be served/consumed:		
Alcohol will be: <input type="checkbox"/> Sold <input type="checkbox"/> Given Away		
The following provisions will be made for food and alternative beverages:		
Plan to ensure that no one under 21 years of age consumes alcoholic beverages:		
<b>Chief of Police will complete:</b>		
TABC Servers Required: <input type="checkbox"/> YES <input type="checkbox"/> No	How many:	
Police Officers Required:		
I have read the University of St. Thomas Alcohol Policy and agree to abide by this policy.		
Student Sponsor/Campus Representative Signature:		Date:
Specific Person in Charge of Event:	Date Received:	Date Approved:
Chief of Police:	Date Received:	Date Approved:
Vice President for Student Affairs:	Date Received:	Date Approved: