

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: _____ sold _____ given away

The following provisions will be made for food and alternative beverages:

Plan for ensuring that no one under 21 years of age consumes alcoholic beverages:

Plan for monitoring and preventing over-consumption of alcohol:

HPD Officers required (to be completed by Chief, Campus Security): _____

I have read the University of St. Thomas Alcohol Policy and agree to abide by this policy.

Signatures:

Student Sponsor/Campus Representative

Specific person in charge of event

Chief, Campus Security

Date Received

Date Approved

Vice President for Student Affairs

Date Received

Date Approved