REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY
UNIVERSITY OF MISSOURI

Please return completed form to: concertseries@concertseries.org or mail to 305 Jesse Hall (Request is to be submitted one week prior to the date of intended use)

1. LOCATION OF PROPOSED ACTIVITY

2. DATE OF THE EVENT ____________________________ TIMES: ___________________/____________________

PLEASE NOTE: All alcohol must be ended at ______________ due to University Regulations.

3. DESCRIPTION OF THE EVENT

- Purpose of event____________________________________________________________
- Type of alcohol to be served _________________________________________________
- Method of service____________________________________________________________
  (i.e. wine/cheese reception, wine served with meal, etc)
- Funding source for purchase of the alcohol_______________________________________
  (i.e. gift funds, admission charges, etc)

4. PRIMARY GROUP THAT WILL BE ATTENDING EVENT
   ____Faculty/Staff ____Students ____Other (please specify)

5. DEPARTMENT OR ORGANIZATION MAKING APPLICATION

   Name of Person Submitting Request ____________________________________________
   Email Address

   Department or Organization Name _____________________________________________

   Address ______________________________________ Phone # ____________________

6. RESPONSIBLE PERSON AT THE ACTUAL EVENT

   All persons attending the activity must comply with applicable federal, state and University regulations. I accept personal responsibility for ensuring that University policy and state laws governing use of alcoholic beverages are complied with, and accept financial responsibility for the activity.

   Signature of Person Responsible _____________________________________________
   Printed Name & Email Address ________________________________________________

   Address of person responsible Phone # ____________________ Date ________________

7. BUILDING COORDINATOR SIGNATURE

   Phone # ____________________ Date ________________

8. CATERING REPRESENTATIVE SIGNATURE

   Phone # ____________________ Date ________________

The use of alcoholic beverages at the proposed activity is: ______APPROVED ______DISAPPROVED

Additional requirements needed for approval ______________________________________

________________________________________________ ______________________________
John Murray, Director II Date

Revised 01/09/17