



**REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY  
UNIVERSITY OF MISSOURI**

Please return completed form to your Event planner with University Club and Catering. Request must be submitted at least two weeks prior to the date of intended use. Any application received after the deadline by University Catering, a \$50 late fee will be applied

**NOTE: BYOB EVENTS ARE NOT PERMITTED. FOR ALL EVENTS, NON-ALCOHOLIC BEVERAGE OPTIONS MUST ALSO BE PROVIDED.**

1. LOCATION OF PROPOSED ACTIVITY \_\_\_\_\_

2. DATE OF THE EVENT \_\_\_\_\_ TIMES: \_\_\_\_\_ / \_\_\_\_\_  
From To

PLEASE NOTE: All alcohol service must end at 12:00 a.m. due to liquor laws/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)

Estimated attendance \_\_\_\_\_

For groups larger than 100, not less than 1 SMART-certified bartender/server is required per 100 guests.

Will there be underage guests present? Yes          No

If yes, who will be responsible for verifying age (i.e., carding) to ensure compliance with applicable liquor laws? \_\_\_\_\_

For groups of 300 or more guests, or if underage guests will be in attendance, sponsoring Department/Organization must notify University of Missouri Police in advance and comply with any additional security requirements which may be needed.

5. DEPARTMENT OR ORGANIZATION MAKING APPLICATION

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Name of Person Submitting Request

Email Address

Department or Organization Name

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

The use of alcoholic beverages at the proposed activity is:	APPROVED	NOT APPROVED
8. BUILDING COORDINATOR SIGNATURE	Phone #	Date
Additional requirements needed for approval		
9. CATERING REPRESENTATIVE SIGNATURE	Phone #	Date
Vice Chancellor for Operations Designee		Date
Revised 06/23/17		