

EASTERN KENTUCKY UNIVERSITY

REQUEST FOR APPROVAL TO SERVE ALCOHOLIC BEVERAGES AND AGREEMENT

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE COMPLETED.

At least ten (10) business days prior to the event, this completed form and required catering license must be submitted to: Office of University Counsel, Coates Building, Room 205, 521 Lancaster Avenue, CPO 40A, Richmond, KY 40475-3102. Telephone: (859) 622-6693, Fax: (859) 622-8030

Sponsor (Individual or Organization/Association): _____

Students and/or Student Organizations are prohibited from sponsoring an event under this policy.

Address of Sponsor: _____ Street/P.O. Box _____ City _____ State _____ Zip _____

Telephone (include area code): (_____) _____

If the Sponsor is an individual, is he/she at least twenty-one (21) years of age?: _____ Yes _____ No

Designated Supervisor for Organization/Association: _____

How do we contact the Supervisor?: _____

Is the Designated Supervisor an individual who is at least twenty-one (21) years of age? _____ Yes _____ No

Name of Event: _____

Description of Event: _____

Day and Date of Event: _____

Time of Event: Begins at _____ Ends at _____

Times that alcoholic beverages will be served during the event (May not exceed a total of three (3) hours)

Begins at _____ Ends at _____

Facility: _____ Estimated Attendance: _____

Will any person under age 21 be solicited or invited to attend? _____ Yes _____ No

If the answer is yes, all attendees must be carded and wrist-bands must be used for identification purposes. Wrist bands may be purchased from the Division of Continuing Education and Outreach.

What alternate nonalcoholic beverages and food will be offered at the event? Please describe: _____

What type of alcoholic beverages will be served? Check all that apply. _____ Beer _____ Wine

Please identify the caterer to serve alcoholic beverages at this event. _____

Please note the requirement for the provision of a valid catering license issued by the State ABC under Chapter 243 of the Kentucky Revised Statutes as called for in the Policies and Procedures for the Consumption and Serving of Alcoholic Beverages on Campus and in Terms and Conditions of Approval (3), below.

Approval for Use of Facility(ies):	
This is to verify that _____ has been given permission to use _____ for the above described event on the date and time indicated.	
Facilities Coordinator _____ <i>Required for events sponsored by on-campus groups only</i>	Date _____
Continuing Education and Outreach Coordinator _____ <i>Required for events sponsored by off-campus groups only</i>	Date _____

TERMS AND CONDITIONS OF APPROVAL

In consideration of approval to hold the event at the requested location and to serve alcoholic beverages, I agree on behalf of the Sponsor to the following terms and conditions:

1. That the serving of alcoholic beverages at this event will be conducted as described in this Request For Approval and in compliance with ECU "Policies and Procedures for the Consumption and Serving of Alcoholic Beverages on Campus," a copy of which is attached and made a part of this Agreement, and will be conducted in compliance with state and local law. The University reserves the right, in its sole discretion, to shut down the service of alcohol.
2. That Sponsor agrees to indemnify and hold harmless the Commonwealth of Kentucky and Eastern Kentucky University for any and all damage and/or losses, including legal fees, resulting from the use of alcoholic beverages at the sponsored event. (This provision does not apply if the University is the Sponsor.)
3. That approval of this Application and Agreement is expressly conditioned upon the Sponsor securing the services of a catering provider licensed by the State ABC to provide catered service of alcoholic beverages and submission of a copy of documentation of same to the University Counsel at least ten (10) business days prior to the event. Failure to comply with this condition will automatically void the approval.

Signature of Sponsor/Supervisor _____ Date _____

Title or Capacity of Sponsor/Supervisor _____

Signature of Appropriate Vice President _____ Date _____

(Required for events sponsored by on-campus groups only)

For Office Use Only	
Approved: _____ Disapproved: _____	
All necessary documentation has been received and all stated requirements have been met. Additional requirements: _____	
Signature _____ University Counsel	Date _____
On _____, copies of form forwarded by _____ to: _____Public Safety _____Continuing Ed & Outreach _____Facilities Coordinator _____Facilities Services	