

## Alcohol Authorization Agreement Form

**The form should be submitted at the time of space reservation request  
and no later than 2 weeks prior to proposed event.**

**Instructions:** PLEASE complete this using MS Word with latest version of MS Office. Gray boxes are text fields. Double click on gray box to open text field. Input information into text field. Close text field and proceed to next. This form must be Printed and signed. Electronic submissions will be accepted but will not be forwarded for approval until a printed version is signed.

### **PART I: Event Information** (complete ALL information)

Today's Date:

Organization/Department name:

Requestor name:  Title:

Address (Street, City, ST, Zip)

Phone:  E-mail:

Host name (person responsible at the event) if other than requestor

Event Name

Event Day and Date:

Event Times: Begin  End

Estimate of Expected Attendance:

VCU Students	<input type="text"/>	VCU Alumni	<input type="text"/>	<b>TOTAL Attendance</b>	<input type="text"/>
VCU Faculty/staff	<input type="text"/>	Non-VCU Guests	<input type="text"/>		

Location:

If Outside, Rain Site or Rain Date

*(Note: Approval of Alcohol Authorization Agreement Form is for a specific location. If the location changes before the event, a revised form must be submitted for approval.)*

Purpose of Event:

Nature of Event (i.e., guests, type of activities, food, refreshments, etc.):

### **Part II: Alcohol Service Plan** (REQUIRED FOR ALL APPLICATIONS)

The sponsoring organization must contract with a licensed alcohol provider, caterer, or secure the ABC License for the event. A copy of the ABC license must be provided to the facility or area manager where the event is to take place prior to the event.

Check all that apply:

1. Alcohol will be served by:  VCU catering  Outside Licensed Catered  Other

If Other, please describe:

License #

2. Type of beverage service:  cash bar  open bar  Other

If Other, please describe:

3. Type of alcohol served  beer  wine  liquor  Other

If Other, please describe:

Alcohol served (available) from (start): \_\_\_\_\_ (end) \_\_\_\_\_

Alcohol Authorization Agreement Form (revised 12/08)

Describe how compliance with State laws and University regulations regarding alcohol will be monitored. Attach additional sheets if necessary.

*Note: non-salty foods and non-alcoholic beverages must be available and easily accessible throughout the event. Alcohol must be monitored at all times.*

**\*\*\*ARE PERSONS UNDER THE LEGAL AGE OF 21 EXPECTED TO BE PRESENT? No  Yes**   
**If YES, complete Part III & Part IV. If No, complete only PART IV.**

**Part III: Underage Attendees** (REQUIRED FOR ALL EVENTS WITH UNDERAGE GUESTS)

Describe how the event sponsors will work to ensure that underage persons will not be served or consume alcohol.

Check all that apply:

1. Patrons (of-age or underage) will be identified by:  hand stamp  wristband  other  
If Other, please describe:

2. Alcohol access will be controlled by:  partition  roped area  separate room  other  
If Other, please describe:

Name of trained event manager (TIPS or VCU approved program):

Describe procedures to prevent the service and consumption of alcohol by underage persons

**PART IV: Approvals**

By signing below, I agree to abide by VCU policies and the laws of the United States and the Commonwealth of Virginia, and make sure event patrons do the same. I HAVE READ AND UNDERSTAND the VCU policies and guidelines that pertain to alcohol.

**Signature of requestor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have reviewed the information provided and grant permission for this event in the requested facility:**  
**Director, USC& A or Facility Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have reviewed the information provided and grant permission for this event to have alcohol present:**  
**Vice Provost for Student Affairs & Enrollment Services (or designee) or**  
**Dean of School Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Request Approved  Request Denied  Comments: \_\_\_\_\_