



# Request to Serve Alcohol at Events

Request Date: [Click here to enter a date.](#)

Department/Organization/Entity: \_\_\_\_\_

Event Sponsor Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: [Click here to enter a date.](#) Event Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

Attendee Description: (include all: alumni, employees, donors, off-campus guests, etc.):

\_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Attendees Under Age 21?  Yes  No

Type of Alcohol Service:  Wine  Beer  Liquor

Event Caterer (with Alcohol Beverage Catering license): \_\_\_\_\_

Event Caterer Phone Number: \_\_\_\_\_

I affirm that I have reviewed the Valdosta State University [Alcohol Policy for Events](#) and any associated location specific guidelines. I agree to abide by all policies and guidelines governing my event, and **I will personally attend the entire event and will not consume any alcohol.**

\_\_\_\_\_  
Event Sponsor Signature

\_\_\_\_\_  
Date

When signed by the appropriate University Official a copy of this form shall constitute written permission for the above person/organization to serve alcohol at the listed event.

Special Restrictions/ Guidelines: \_\_\_\_\_

Chief of Police: \_\_\_\_\_  
Signature Date Level 1 2 3  
No. of Officers/Security: \_\_\_\_\_

University Official (Cabinet Member over Event Location): \_\_\_\_\_  
Signature Date

Original to Event Sponsor Copies to: Event Services/Student Union Reservations, University Police, and University Official  
**MUST BE APPROVED 7 BUSINESS DAYS PRIOR TO EVENT DATE**