



## ALCOHOLIC BEVERAGE EVENT AUTHORIZATION FORM

The University of the District of Columbia permits alcoholic beverages to be served at events on University premises only when authorized. **Serving alcoholic beverages at any event on University premises is Not Authorized until this form is completed and reviewed. Authorization must be obtained at least seven (7) business days prior to the event.**

### STEP 1: EVENT ORGANIZER/SPONSOR INFORMATION

This portion must be completed by the client, faculty or staff member organizing/sponsoring the event

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

TITLE AND DEPARTMENT \_\_\_\_\_

EVENT INFORMATION: LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

START TIME \_\_\_\_\_

END TIME \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT \_\_\_\_\_

I, the individual whose name appears above, hereby certify that the information is true and accurate, and I further certify that the following conditions will be met: (1) event admission will not be charged; (2) events will take place on the University premises within a defined area and alcoholic beverages will not be allowed outside said area ("the event area"); (3) the event will be served by a licensed caterer, bartender or T.I.P.S trained personnel; (4) donations, if any, will be **strictly voluntary**, and no money or donation shall be taken in exchanged for any alcoholic beverage; and (5) an event representative will be located at each entrance to the event area at all times while the event is in progress, and such representatives will ensure (a) only persons over 21 shall be admitted, or a system such as wrist bands shall be used to identify those of legal drinking age (b) persons wishing to consume alcoholic beverages show valid, government-issued identification (c) only persons 21 years or older are served alcoholic beverages and (d) no alcohol is removed from the event area.

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### STEP 2: ADMINISTRATIVE AUTHORIZATION

This portion should be completed by the Vice President for Real Estate and Facilities Management.

**I hereby certify that I have read this form; I approved the service of alcoholic beverage at the Event described on this form, and further certify that the event shall be required to comply with all conditions contained on this Form.**

ERIK L. THOMPSON VP for Real Estate and Facilities Management \_\_\_\_\_

PRINTED NAME

TITLE

SIGNATURE

DATE

### STEP 3: RETURN TO THE UNIVERSITY EVENTS COORDINATOR

This completed form must be returned to: The Office of Space Reservations, Building 38, Room C-04 or [udcevents@udc.edu](mailto:udcevents@udc.edu)

**I have received this Alcoholic Beverage Event Authorization Form and have provided copies to the (1) Office General Counsel, (2) Office of Public Safety and Emergency Management, and (3) Event Sponsor.**

Patricia Chisley Coordinator of Space Reservations and Auditorium Manager \_\_\_\_\_

PRINTED NAME

TITLE

SIGNATURE

DATE

THIS FORM IS NOT CONSIDERED COMPLETE UNTIL EACH SIGNATURE LINE BEARS THE SIGNATURE OF THE APPROPRIATE PERSON