

BINGHAMTON UNIVERSITY
APPLICATION FOR PERMISSION TO SERVE ALCOHOLIC BEVERAGES

A. Sponsoring Organization/Department: _____
B. Contact Person: Name: _____ **Position:** _____
Phone: _____ **E-Mail:** _____

C. Type of Event: _____
Date: _____ **Times: From** _____ **Till** _____
Location: _____ **Estimated Attendance:** _____
Event is Open To Whom? _____

D. Food and Beverages to be served:
a. Alcohol Beverages: *Type* _____ *Quantity Available:* _____
b. Non Alcohol Beverages: *Type* _____ *Quantity Available:* _____
c. Food: _____ *Quantity Available:* _____

E. Financial Arrangements: (Please Check Appropriate Box and Explain)
a. ___ Event is Free To Participants **b. ___ Event Has An Associated Admission Charge**
Explanation Of Event Funding: _____

F. Supervision of Serving of Alcoholic Beverages: (Please Check Appropriate Box and Explain)
a. ___ Event is being catered **b. ___ Event is supervised by organization/department**
Explanation of process for control of distribution of alcohol only to people of age and within the scheduled facility, registration of guests and advertising: _____

G. Signatures/Person(s) Responsible:
a. For Graduate Organizations and University Departments the person responsible must be 21 years of age.
b. For undergraduate organizations two signatures are required
i. The person responsible must be either the president or treasurer of the organization.
ii. Either the executive vice president or the financial vice president of the student association must cosign the form.
c. Catered events must include the signature of the appropriate Sodexo manager:

I have read the cover sheets of this application and understand our organization's responsibilities and liabilities in regard to campus policies and state statutes relative to the service of alcohol beverages and affirm that all information reported above is complete and accurate.

1. Person Responsible (See Above):

(Name - Printed) **(Department or Organization)** **(Position)**

(Signature) **(Phone)** **(E-Mail Address)**

2. Student Association Approval: (Only required of Undergraduate Student Organizations)

(Name) **(Position)** **(Phone &E-Mail Address)**

3. Sodexo Manager: (For Catered Events Only)

(Name) **(Position)** **(Phone &E-Mail Address)**

Application Reviewed By:

Name **Title** **Date**

University Police and or Event Staff Required: YES NO