



VCU

Alcohol Authorization Agreement Form

The form should be submitted at the time of space reservation request and no later than 3 weeks prior to proposed event.

Instructions: Please complete this using MS Word. Input information into text fields provided. This form must be Printed and signed, before it is submitted for approval.

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

Index code (local or private funds only)

Event Name

Event Day and Date:

Event Times: Begin End

Estimate of Expected Attendance:

VCU Students	<input type="text"/>	VCU Alumni &	<input type="text"/>	Total Estimated Attendance	<input type="text"/>
		Non-VCU Guests	<input type="text"/>		
VCU Faculty/staff	<input type="text"/>	(Attach list of names. If not available, invitation list.)			

Proposed 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.):

Funds used to purchase alcohol: http://procurement.vcu.edu/i-want-to/make-a-purchase/know-what-you-can-and-cannot-buy/allowable-business-expenditure-chart/#.Upyp12Tk_r8

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) _____

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: _____

Printed name: _____

Date: _____

Signature of VP/Dean/Designee of requesting department: _____

Printed name: _____

Date: _____

Request Approved Request Denied Comments: _____

Please provide a copy of this form to the to appropriate VCU office responsible for scheduling the space in which the event is being held. If you need assistance determining which scheduling office is the appropriate one to send the form to, you may contact Conference and Scheduling Services at css@vcu.edu and they will direct you to the correct office.

DESIGNEE(S) RESPONSIBLE FOR APPROVAL | OFFICIAL USE ONLY

For use by department designated to manage or approve space where proposed event will take place

I have reviewed the information provided and grant permission for this event in the requested facility:

VP/Dean/Designee (Signature): _____ **Date:** _____

VP/Dean/Designee (Printed): _____ **Date:** _____

Designee responsible for approving reserved space (if different from person above):

Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____

Request Approved Request Denied Comments: _____