

UNIVERSITY OF MISSOURI-COLUMBIA  
Please return completed form to: 311 Jesse Hall or by fax to: 573-884-5446  
**REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY**  
(Request is to be submitted one week prior to the date of intended use)

1. LOCATION OF PROPOSED ACTIVITY: \_\_\_\_\_

2. DATE OF THE EVENT: \_\_\_\_\_ TIMES: \_\_\_\_\_ / \_\_\_\_\_  
From To

\*PLEASE NOTE: All alcohol must be ended at \_\_\_\_\_ due to University regulations.

3. DESCRIPTION OF THE EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Description to include purpose of the event, type of alcohol to be served and method of service, i.e., wine/cheese reception, wine served with meal, etc.; what is the funding source for purchase of the alcohol, i.e., gift funds, admission charges, etc.)

4. PRIMARY GROUP THAT WILL BE ATTENDING EVENT:  
\_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Students \_\_\_\_\_ Other (Please Specify)

5. DEPARTMENT OR ORGANIZATION MAKING APPLICATION: \_\_\_\_\_  
\_\_\_\_\_

Address of Group: \_\_\_\_\_ Phone # \_\_\_\_\_

6. PERSON RESPONSIBLE: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

7. RESPONSIBLE PERSON AT THE ACTUAL EVENT:

All persons attending the activity must comply with applicable federal, state and University regulations. I accept personal responsibility for ensuring that University policy and state laws governing use of alcoholic beverages are complied with, and accept financial responsibility for the activity.

\_\_\_\_\_  
Signature of Person Responsible

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bldg. Coordinator Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Catering Representative Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

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The use of alcoholic beverages at the proposed activity is: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

Additional Requirements needed for Approval: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Vice Chancellor for Administrative Services

\_\_\_\_\_  
Date