

APPLICATION TO SERVE ALCOHOLIC BEVERAGES AT A CAMPUS EVENT

- **Fill out form completely** (Please print clearly, or fill out PDF form fields online before printing form)
- **Obtain signed approvals** of Sponsoring University Department/Unit, and Facility Manager.
- **Return completed form at least seven (7) days before event**
to UCPD Special Events Coordinator, MC #1199, Fax (510) 643-8224,
OR email scan of form **with signature(s)** to ucpdspecialevents@berkeley.edu
- **Questions?** Contact UCPD Special Events at (510) 643-0795, ucpdspecialevents@berkeley.edu
- **Signed copy of approved application MUST be present at event.**

CONTACT INFORMATION SECTION

Name: _____ Address: _____
 Phone: _____ City: _____
 Email: _____ Fax: _____ Zip/Campus Mail Code: _____
 Organization: _____ UC Affiliation: Faculty Staff Student None

EVENT INFORMATION SECTION

Nature of Event: _____ Date of Event: _____
 Location of Event: _____ Hours of Event: _____
 Attendance: Faculty _____ + Staff _____ + Students _____ + Guests _____ = TOTAL _____
 Security Provided? Yes ___ No ___ If Yes, who? _____
 Are there any fees/donations whatsoever being charged to the patrons for this event? Yes ___ No ___ If Yes:
 • Is this event being catered? Yes ___ No ___ If Yes, who? _____
 • Does caterer/person have an alcohol license? Yes ___ No ___ If Yes, License #: _____
 What is source of funds for obtaining alcoholic beverages? _____
 Will food be served? Yes ___ No ___ Will non-alcoholic beverages be served? Yes ___ No ___

Name and contact information of person (Faculty or Staff required for UC sponsored events) who will be PRESENT at event to ensure that no one under 21 years is served alcoholic beverages:

NAME	POSITION	ADDRESS	PHONE
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SPONSOR & FACILITY APPROVAL SECTION

SPONSOR APPROVAL

AC L Y APPROVAL

Sponsoring Department or Unit

Name of Department or Unit Chairperson

Campus Address Mail Code

Telephone Fax

Signature Date

Person Authorizing the Facility Use

Campus Address Mail Code

Telephone Fax

Signature Date

UNIVERSITY OF CALIFORNIA POLICE APPROVAL SECTION

Approved: Yes ___ No ___ If No, reason: _____
 Signature: _____ Badge: _____ Date : _____