

# REQUEST FOR ALCOHOLIC BEVERAGES

Martin Luther King, Jr.  
University Union



EASTERN ILLINOIS UNIVERSITY™

Campus Scheduling Office  
Attn: Alcohol Service  
600 Lincoln Avenue  
Charleston, IL 61920-0399  
Phone: (217)581-2819  
Email: [crpeterlich@eiu.edu](mailto:crpeterlich@eiu.edu)

Date of Request: \_\_\_\_\_

### Meeting Information:

Type of event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Location (Must already be confirmed through Campus Scheduling): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Bar: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm (Time of Bar not to exceed 11:30pm)

Estimated Attendance: \_\_\_\_\_ Number of participants over age 21: \_\_\_\_\_

### Type of Service:

Cash Bar     Dinner Wine

Champagne     Keg

Open Bar     Other \_\_\_\_\_

Wine Service/Reception

**THIS ENTIRE FORM MUST BE COMPLETED, SIGNED AND RETURNED  
AT LEAST TWO (2) WEEKS PRIOR TO THE DATE OF THE EVENT.**

*There is to be no reference made to alcohol on any invitation, announcement, or advertisement.  
Doing so could result in the cancellation of the event.*

Additional Comments: \_\_\_\_\_

**UNIVERSITY ACCOUNTS MUST COMPLETE THIS SECTION  
BEFORE RETURNING THIS FORM TO THE CAMPUS SCHEDULING OFFICE**

Department or Office Responsible for Activity: \_\_\_\_\_

University Account Number: \_\_\_\_\_ Account Title: \_\_\_\_\_

Person Responsible for Activity (print name): \_\_\_\_\_

Fiscal Agent (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Dean/Director (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Vice President (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Student Affairs (signature): \_\_\_\_\_ Date: \_\_\_\_\_

- The University Union reserves the right to preview any announcements or invitations regarding this event and to make appropriate suggestions.
- The University Union reserves the right to request proper identification from participants.
- The person whose name appears below must be in attendance for the duration of the event and is responsible for the behavior and control of persons attending this event.
- Bar receipts for all activities at which alcoholic beverages are served must total \$50 for the first hour and \$25 for each additional hour. If the minimum is not reached the organization will be billed for the difference.
- I have read and understand the University Union "Standard of User Responsibility"

Applicant's Signature: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip

**OFFICE USE ONLY**

Approved:  Denied:  Reason for Denial: \_\_\_\_\_

Assistant Director (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Denied:  Reason for Denial: \_\_\_\_\_

Deputy Director (signature): \_\_\_\_\_ Date: \_\_\_\_\_