

REQUEST FOR ALCOHOLIC BEVERAGES



Campus Scheduling Office
Attn: Alcohol Service
600 Lincoln Avenue
Charleston, IL 61920-0399
Phone: (217)581-2819
Email: 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 \$75. If 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: _____

Vice President for Student Affairs (signature): _____ Date: _____