

**Fairleigh Dickinson University  
Alcohol Use Request Form**

Person Requesting Permission:	
Responsible Party (Print Name and Signature):	
Date and Time of Event (beginning and ending):	
Location of Event:	
Purpose of Event: (ex: alumni dinner or reception, fundraiser, wedding, etc.)	
For events hosted by someone other than a University unit: Is there a signed Facilities Use License agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be a charge to attend the event? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Approximate number of attendees:	
Will students or anyone under 21 be attending the event? <span style="float: right;"><input type="checkbox"/> Yes * <input type="checkbox"/> No</span>	
*If yes, please, indicate who will be checking ID's and other steps taken to prevent underage consumption	
Alcoholic Beverages that will be served: <span style="float: right;"><input type="checkbox"/> beer <input type="checkbox"/> light wine <input type="checkbox"/> fortified wine <input type="checkbox"/> liquor</span>	
Please indicate how each of the following requirements will be satisfied:	
<ul style="list-style-type: none"> <li>• Access to the event must be limited to invitees and controlled throughout the event. The event may not be open to the public. For outdoor events, special steps must be taken (for example, tents with sides or other significant barriers) to control access and delineate the area for the event.</li> <li>• A sufficient amount of alternative, nonalcoholic beverages must be available.</li> <li>• A sufficient amount of substantial, wholesome food (heavy hors d'oeuvres or dinner) must be served.</li> <li>• There must be a professional bartender.</li> <li>• No self-service of alcohol is permitted.</li> </ul>	

The undersigned acknowledges that if this request is granted, that the service of alcohol will comply with all the University's Alcohol Use Policy and that the requester is responsible for same.

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Date

Approved    Yes            No

\_\_\_\_\_  
Sr. V. P. for University Operations

\_\_\_\_\_  
Date

Approved    Yes            No

\_\_\_\_\_  
University Provost

\_\_\_\_\_  
Date

Copies of this approved form must be sent to:

Public Safety, Auxiliary Services, and Risk Management.