Request for Approval to Serve Alcohol at a Campus Event

This is a special request to the Vice President for Student Affairs from: __________________________ for permission to serve alcohol as part of a special event.

This request must be submitted to the Office of the Vice President for Student Affairs no later than four (4) weeks prior to the event being held. The Office of the Vice President for Student Affairs will respond when the completed form is received.

**Please describe the event:**

Name of Event: _____________________________________________

Sponsoring Department, Organization, etc.: _____________________________

Location: __________________________ Date: __________________________

Time From: __________________________ To: __________________________ Estimated Attendance: __________________________

How is event being advertised? __________________________________________

Is there a charge for food and non-alcoholic beverages? __________________________

Describe entertainment being provided: __________________________________________

Name(s) of event coordinator(s)/manager(s) on duty during the event: __________________________

**Please describe the alcohol service proposed for this event:**

Types of alcoholic beverages being served: __________________________

Quantity of beverages available at the event: __________________________

Is alcohol available at reduced pricing? _____________ Or, at no cost? _____________

Who is catering food at the event? __________________________________________

Is there a charge for food and non-alcoholic beverages? _____________

Describe the type and quantities of food and non-alcoholic beverages being provided: __________________________

________________________________________

Who is catering/providing alcohol for the event? __________________________

*(If Campus Dining is catering the food and the alcohol, they will apply for the appropriate permits. If not, event coordinator(s) must apply for a temporary permit to have alcohol at the event.)*
Who is applying for the NYS Liquor Authority (SLA) Permit?

Who will be serving the alcohol? _______________________________
Number of persons serving alcohol: ____________________________
Are persons serving alcohol over 21 years of age: _________________
Will all attendees at the event be 21 years or older: _______________
Will alcohol be served and consumed only on the premises: _________

Describe the procedures/safeguards that will assure that persons served are of legal drinking age (21) and do not consume excessive amounts of alcoholic beverages at the event:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The SLA Permit must be received by this office prior to event approval. After approval, copies of this form should be faxed by the requesting department to the Building Manager where the event will be held as well as to University Police. The Event coordinator(s) must prominently display the SLA Permit during the event.

Individual(s) coordinating event:

_________________________________  ___________________________________  ________________
Name                                    Fax                                  Phone

_________________________________
Signature                           Date

_________________________________
Name                                    Fax                                  Phone

_________________________________
Signature                           Date
Please fax this completed form along with the temporary SLA permit to Community Standards at (631) 632-5757

FOR OFFICE OF THE VICE PRESIDENT OF STUDENT AFFAIRS USE ONLY:

Date Received: ____________________

_____ Approved

_____ Not Approved

_________________________________  _________________________
Vice President for Student Affairs (designee)    Date

Comments:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Office of the Vice President for Student Affairs
348 Administration Building
Stony Brook University
11794-0501