Georgia State University Request to Serve Alcohol On Campus

<u>Instructions</u>: A completed Request to Serve Alcohol form must be submitted to the Office of Legal Affairs no later than 2 weeks prior to the Event. <u>Before</u> submitting the form to Legal Affairs, it must be completed and then routed for signature through all departments identified on the attached Routing Sheet. The Office of Legal Affairs is located at 10 Park Place, Suite 510, Atlanta, GA 30303

	e of Event Sponsor	Telephone	Facsimile
Even	t Description		Event Facility & Room
Even	t Date	Event Start Time	Event End Time
Alcol	hol Service Start Time	Alcohol Service End Time	Number of Anticipated Attendees
Type	of Event Attendees (stude	nts, faculty, staff, etc.)	Y/N Any Chance Minors May Attend
Type	of Alcohol Service Reque	sted (Wine Reception, Beer Serv	vice, Full Bar, etc.)
Name	e of Caterer Serving Alcoh	ool at the Event Caterer To	elephone Caterer Address
Non-	alcoholic beverages and fo	ood that will be provided at Even	t for duration of Alcohol Service
Other	r Information		
			1
	r Information		
	r Information	Completed by Office of Univer	sity Legal Affairs
	r Information		sity Legal Affairs
Other	To Be Approved with the following	lowing stipulations:	sity Legal Affairs Number of Officers Required:
Other	To Be Approved with the foll A. University Police	lowing stipulations:	

Georgia State University Request to Serve Alcohol On Campus - Routing Sheet

1. For all Events – Employee (e.g. department head or student organization advisor) responsible for compliance with the University Alcohol Policy at this event. I have read, understand, and will ensure compliance with the University Policy on Alcohol and Other Drugs and will be present during the entire Event specified on this Request to Service Alcohol. Printed Name: _____ Signature: ____ Date: ____ University Address: _____ Phone: 2. For Student Organization Events - Student officer responsible for compliance with the University Alcohol Policy. I have read, understand, and will ensure compliance with the University Policy on Alcohol and Other Drugs and will be present during the Event identified on this Request to Serve Alcohol. Printed Name: _____ Date: _____ University Address: Phone: 3. For All Events - Dean or Vice President Giving Initial Approval for Event: Printed Name: _____ Date: _____ University Address: Phone: _____ 4. For All Events: Caterer serving alcohol at the Event: I have read, understand, and will abide by the University Policy on Alcohol and Other Drugs with respect to the Event identified in this Request to Serve Alcohol. Printed Name: _____ Signature: _____ Date: ____ University Address: Phone: 5. For Events with 75+ possible attendees or where minors may be in attendance - University Police Chief or designee: Number of Officers: _____ Estimated Cost: _____ Printed Name: _____ Signature: ____ Date: 6. For All Events - Director of Student/University Center or Building Manager of other Event Facility: Approval Recommended: