

ALCOHOLIC BEVERAGE ACTIVITY

(Print) Name of Person Making Request _____

Texas State ID# _____ Date _____

If you are a university employee, please provide:

Name of Office/Department: _____ E-mail _____

Phone _____ Is this a university sponsored event? ___ Yes ___ No

If you are not a university employee please provide:

E-mail _____ Phone _____

Address _____ Phone _____

TYPE OF ACTIVITY

_____ Departmental	_____ Closed Social
_____ Student Organization	_____ Free \$_____ Charge
_____ Residence Hall	_____ Open (ALL CAMPUS) Social
_____ Other (Specify)	_____ Free \$_____ Charge

Type of alcoholic beverages to be made available: _____

Type of non-alcoholic beverages to be made available: _____

DESCRIPTION OF EVENT _____

DATE OF EVENT _____ TIME _____ AM/PM to _____ AM/PM

LOCATION _____ ROOM ASSIGNED _____

ANTICIPATED ATTENDANCE _____

The undersigned, in connection with the application to reserve a facility for the event described, certifies that (1) such function will not be restricted on the basis of color, age, disability, veterans' status, sexual orientation, gender identity, and gender expression, race, religion, sex or national origin (see [UPPS No. 04.04.46](#), Section 01.01), (2) such function will normally be restricted to university-related groups, (3) appropriate persons will be present at the function to ensure the proper use of the facility, (4) such function and use of the facility will not violate any law of the state or rule or regulation of the university. Furthermore the undersigned agrees to reimburse the university for any loss, damage, or expense incurred by the university as a result of the undersigned's use of the facility, and is aware the university will not assume any liability for property damage or personal injury, including death, that may result from or during the undersigned's use of the facility. Beverage servers must be present at all events in which alcohol is served and must be seller or server trained through a certified TABC school and possess a current and valid certification to dispense alcohol. University police officers must be present unless an exception is granted by the university.

Signature of Organization President: _____

Print _____ Date _____

Signature of Sponsor: _____

Print _____ Date _____

Signature of University Police Director/Designee: _____

Print _____ Date _____

Number of Officers Assigned _____

Signature of Facility Director/Coordinator:

Print _____ Date _____

Signature of Representative of
University Food Contractor (Chartwells)

Print _____ Date _____

Signature of Dean of Students/Designee:

Print _____ Date _____

Contact Information:

Dean of Students Office
LBJ Student Center 512-245-2124

University Police Department
615 North LBJ-Nueces Building 512-245-8336

Chartwells-University Food Contractor
700 Moore Street-Harris Dining Hall 512-245-9930