

# NOTICE OF EVENT AT WHICH ALCOHOLIC BEVERAGES WILL BE SERVED

- Please read policy statement on reverse side.
- Obtain approval of Sponsoring University Department/Unit and of person in charge of Facility.
- Return completed form to Special Events Coordinator, U.C.P.D., **at least seven days before event.**



Person filling out form: \_\_\_\_\_ Phone # \_\_\_\_\_

Organization: \_\_\_\_\_ UC Affiliate? Fac. / Staff / Std. / No

**Nature of Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Location Of Event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_

Attendance: Faculty \_\_ Staff \_\_ Students \_\_ Guests \_\_ TOTAL: \_\_\_\_\_

Security provided? \_YES \_NO If yes, who? \_\_\_\_\_

**Is there any fee whatsoever for this event? \_YES \_NO:** If yes, is this event being catered? \_YES \_NO: Who? \_\_\_\_\_

Does Caterer/person have alcohol license? \_YES \_NO: License # \_\_\_\_\_

**Source of funds for obtaining alcoholic beverages?** \_\_\_\_\_ Will food be served? \_YES \_NO, Non-alcoholic beverages? \_YES \_NO

**Name of Faculty or Staff Person who will be present at event to ensure that no one under 21 years is served alcoholic beverages:**

Name	Position	Address	Telephone
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### SPONSOR APPROVAL

### FACILITY APPROVAL

\_\_\_\_\_  
Sponsoring Department or Unit                      Person Authorizing Facility Use

\_\_\_\_\_  
Department or Unit Chairperson                      Campus Address                      Telephone

\_\_\_\_\_  
Campus Address                      Telephone                      Signature                      Date

\_\_\_\_\_  
Signature                      Date



### UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT

APPROVED: \_\_\_ YES \_\_\_ NO, IF no, reason: \_\_\_\_\_

\_\_\_\_\_  
Signature                      Position                      Date



**RETURN COMPLETED FORM TO:                      SPECIAL EVENTS COORDINATOR, UCPD, 1 SPROUL HALL**

White copy for Department or Unit / Yellow copy for UCPD / Pink copy for Facility Reservation Officer