

## **Alcohol Authorization Form**

Pate:		□ Campus E	vent 🗆 E	xternal Event	☐ Student Event	
SSU Department ,	/ Student Associat	ion / Group:				
Event Coordinato	r:					
Email Address:	Address:Phone:					
Title of Event:						
Event Information	:					
Date of Event:	e of Event:Begin Tir		me:	Be	egin Time:	
Location Reserve	d for Event:					
Type of Function	on (please check th	ne type of functio	n):			
·	_				☐ Wedding	·
					:	
Type of alcohol	being served (che	ck all that apply):	□ Beer	☐ Wine	☐ Liquor	
How is alcohol I	peing distributed:	☐ Cash Ba	r 🗆 Open I	Bar		
number and typ		urity/police) will b	e determined by t	he Director of A	uring an event serv CE in consultation ecurity expenses.	
Account Number	er:					
Coordinator is res private events in p liability for the Un	ponsible for ensur public facilities who iversity and Aladdi	ing compliance w ere alcohol is pres n will adhere to a	ith all campus poli sent. The Event Co Il University, City,	cies regarding al ordinator is also and State regula	responsible for ur tions regarding ald	tate liquor code for nderstanding the
Signature of Even	t Coordinator:					
Approval / Signate	ire of Event & Con	forence Services	Director:			