

Alcohol Approval Request

Contact _____
Title _____
Dept/Org _____
Email _____
Phone _____

Approval is being requested for alcohol to be provided/served at the upcoming event being held in Abdalla Hall:

Event _____
Date(s) _____ Times _____

All expenses will be arranged and paid by:

Certification

By my signature, I certify that I have read, understand, and intend to comply with all University regulations governing special events, catering, and alcoholic beverages. I have completed and submitted a "UL Police Security Contract" and will be responsible for ensuring that security will be present throughout the event and at all time that alcohol is on the premises. I further certify that I will be responsible for ensuring that all guest consuming alcohol are of legal age to do so. Furthermore, by my signature, I agree that the department/organization shall be responsible to absorb all costs associated with any charges for this event (e.g., security, maintenance, and catering charges).

Lessee

Signature Printed Name Date