

## Request for Alcoholic Beverage Service OSU Student Union and Wes Watkins Center

In keeping with Board of Regents Policy 30:10-3-1 Oklahoma State University Alcohol Policy, please complete the form below in order to request approval for the service of alcohol. Food must be served at events where alcohol is present. Refer to the Student Union and Wes Watkins Center guidelines and vendor policy at <http://meetings.okstate.edu> for details.

### EVENT INFORMATION

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Event Contact: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of event and reason for requesting alcohol service:

Type of alcoholic beverages to be served:  Beer  Wine  Mixed Beverages (Liquor and Mixer)

Type of service requested:  Cash Bar  Host Bar  Table Service w/ meal (Wine Only)

Length of service of alcoholic beverages: From \_\_\_\_\_ (am/pm) To \_\_\_\_\_ (am/pm)

Anticipated number of guests: \_\_\_\_\_ No. of guests under 21 years of age: \_\_\_\_\_

### ALCOHOL PROVIDER INFORMATION

Printed Business Name: \_\_\_\_\_ Printed Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Alcohol Provider: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, understand that all purchases, consumption, possession, and service of beer and alcoholic beverages approved hereunder shall be in strict compliance with Board of Regents approved policy pertaining to Oklahoma State University, the Oklahoma Alcoholic Beverage Control Act, and other applicable laws of the State of Oklahoma. I also understand that I am responsible for ensuring that no one under the age of 21 will have the opportunity to consume alcoholic beverages, no one will become intoxicated as a result of being served alcoholic beverages at this event, and no one will be allowed to leave the event location with an alcoholic beverage.

Printed Event Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Event Contact: \_\_\_\_\_

Approved:  Yes  No

\_\_\_\_\_  
Tracie Brown  
Senior Director – Student Union

\_\_\_\_\_  
Date