

Georgia State University
Request to Serve Alcohol On Campus

Instructions: A completed Request to Serve Alcohol form must be submitted to the Office of Legal Affairs no later than 2 weeks prior to the Event. Before submitting the form to Legal Affairs, it must be completed and then routed for signature through all departments identified on the attached Routing Sheet. The Office of Legal Affairs is located at 100 Auburn Avenue, Suite 315, Atlanta, GA 30302

1. _____
Name of Event Sponsor: Telephone: Email:
2. _____
Event Description Event Facility & Rooms
3. _____
Event Date Event Start Time Event End Time
4. _____
Alcohol Service Start Time Alcohol Service End Time Number of Anticipated Attendees
5. _____
Type of Event Attendees (students, faculty, staff, etc.) YES NO
Any Chance Minors May Attend?
6. _____
Type of Alcohol Service Request (Wine Reception, Beer Service, Full Bar, etc.)
7. _____
Name of Caterer Serving Alcohol at the Event Caterer Telephone Caterer Address
8. _____
Non-alcoholic beverages and food that will be provided at Event for duration of Alcohol Services
9. _____
Other Information
- _____
Other Information

To Be Completed by Office of University Legal Affairs

- _____ 1. Approved with the following stipulations:
A. University Police required for Security? Y / N Number of Officers Required: _____
B. Other: _____

 - _____ 2. Denied

- _____
Authorized Designee Date _____

Copies to: _____ Event Sponsor (who shall forward a copy to Event Caterer and University Police)
_____ Event Facility

Georgia State University
Request to Serve Alcohol on Campus – Routing Sheet

Event Description: _____ Event Date: _____

1. **For all Events** - Employee (e.g. department head, student organization advisor or event sponsor) responsible for compliance with University Alcohol Policy at this event.

I have read, understand, and will ensure compliance with the University Policy on Alcohol and Other Drugs and will be present during the entire Event Specified on this Request of Service Alcohol.

Printed Name Signature Date

University Address or Client Address: Phone Email

2. **For Student Organization Events** - Student officer responsible for compliance with the University Alcohol Policy.

I have read, understand, and will ensure compliance with the University Policy on Alcohol and Other Drugs and will be present during the entire Event Specified on this Request of Service Alcohol.

Printed Name Signature Date

University Address: Phone Email

3. **For All Events** – Dean, Vice President or GSU Event Coordinator Giving Initial Approval for Event:

Printed Name Signature Date

University Address: Phone

4. **For All Events** – Caterer or Licensed and Insured to serve alcohol at the Event:

I have read, understand, and will ensure compliance with the University Policy on Alcohol and Other Drugs and will be present during the entire Event Specified on this Request of Service Alcohol.

Printed Name Signature Date

University Address: Phone

5. **For Events with 75+ possible attendees or where minors may be in attendance** - University Police Chief or designee [Contact Lt. Pamisa Scott at pscott7@gsu.edu or (404) 413-3272]

Number of Officers Estimated Cost

Printed Name Signature Date

6. **For All Events** - Director of Student/University Center or Building Manager of other Event Facility:

Approval Recommended: _____

Printed Name Signature Date