



## Request for Approval to Sell and/or Serve Alcoholic Beverages

University of Illinois at Urbana-Champaign

***Please DOWNLOAD this form to your computer, complete, sign, print/scan, and return to the address provided.***

1. Name of event sponsor:
2. Name of event:   
 Event type:  Reception  Meal  Other (Please specify):
3. This request is for:
  - The sale of alcoholic beverages.
  - The service (*no sale*) of alcoholic beverages.
4. Designate the location of the event:
  - Activities and Recreation Center (ARC)
  - Allerton Park and Retreat Center
  - Bevier Hall
  - Eichelberger Field
  - I-Hotel and Conference Center
  - Illini Union
  - Illinois Field
  - Krannert Center for the Performing Arts
  - Memorial Stadium and surrounding areas
  - State Farm Center
  - Willard Airport
  - Other (**on campus**) – List name and location:
  - Other (**off campus**) – List name and location:
5. List vendor that will be administering alcohol: ([List of Insured Caterers](#))

**6. Event information:**

Date	Time	Venue/Room Location	Number of Attendees

**Attendees (Check all that apply):**

- Faculty                       Graduate Students                       External Constituents  
 Staff                               Alumni                                       General Public  
 Undergraduate Students       Donors                                       Other

**7. Payment:**  Cash     Check     Credit Card
 University CFOP: 
**8. Will event comply with all requirements of the University of Illinois at Urbana-Champaign Alcohol Management Policy ([CAM Policy FO-06](#))?**
 Yes     No    If not, list requested exceptions:

**9. THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES TO COMPLY WITH THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN ALCOHOL MANAGEMENT POLICY AND WILL ENSURE THE FOLLOWING REQUIREMENTS ARE ENFORCED:**

- The venue is safe and suitable for alcohol distribution.
- The majority of attendees at the event are age 21 or older and there is a method for checking IDs.
- Alcohol is served by a licensed and insured vendor with properly trained staff.
- The sale or service of alcoholic beverages and the behavior of the participants are in accordance with State law and University policies.

Dean, Director, Client Name

Dean, Director, Client Signature

Date

**A copy of the approved form will be sent to the requesting unit. Please provide contact information:**

Name:

Email:

**Submit the completed form to:**

Associate Vice Chancellor for Auxiliary, Health and Wellbeing  
121 Swanlund Administration Building, 601 East John Street  
MC-304

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APPROVED:

\_\_\_\_\_  
Associate Vice Chancellor for Auxiliary, Health and Wellbeing

\_\_\_\_\_  
Date

Approver's remarks:

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