



REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY

**Complete and submit to the Office of External Relations and Constituent Engagement
5115 Oak Street, AC 300 B, Kansas City, Missouri 64112**

1. DATE OF REQUEST: *(Must be two weeks prior to the activity/event date.)* _____ / _____ / _____

2. PROPOSED ACTIVITY/EVENT:

Activity/Event Date: _____ Start Time: _____ am/pm End Time: _____ am/pm

Location: _____

Activity/Event Name: _____

Purpose of Event: _____

Type of Service Required: _____ (i.e. bartender, wine with dinner)

Estimated Attendance: _____ For external groups: Attach fully-executed Facilities and Services Agreement

3. DEPARTMENT OR ORGANIZATION AND INDIVIDUAL MAKING REQUEST:

Name: _____ Email: _____

Address: _____ Phone: _____

4. PERSON RESPONSIBLE FOR PAYMENT TO LIQUOR SUPPLIER:

Name: _____ Email: _____

Address: _____ Phone: _____

Specify funds and/or Mocode that will be used to pay for alcoholic beverages, please note policy for restrictions: _____

5. PERSONS ATTENDING ACTIVITY/EVENT WILL PRIMARILY BE: (please check all that apply):

Faculty _____

Staff _____

Students _____

Others (Please Specify) _____

All persons attending the activity/event must comply with applicable federal, state, and University regulations. The law requires that no person under 21 be served alcoholic beverages. University Alcohol Policy has been reviewed and full compliance is acknowledged. Department/Organization/Sponsor is responsible for the conduct of all attendees at activity/event.

Sponsors Signature

Sponsors Printed Name

Address

Phone

***Please note: an original signature must be received; faxed/scanned/electronic signatures will not be accepted**

*****FOR OFFICE USE ONLY*****

Tracking Number _____

The Use of Alcoholic Beverages at the Activity/Event is Hereby APPROVED

DENIED

Vice Chancellor, External Relations and Constituent Engagement

DATE

Signature of approval does not confirm event location reservation, Dining Services commitment or provision of alcoholic beverages.

ADDITIONAL APPROVAL INFORMATION, IF REQUIRED

ADDITIONAL SIGNATURES, IF REQUIRED

_____	_____	____/____/____
Name	Title	Date
_____	_____	____/____/____
Name	Title	Date

Distribution: Requesting Department/Organization/Individual and Sponsor
UMKC Dining/Catering Services