



Alcohol Use Approval Request (page 1 of 2)

Completed form must be submitted to University Public Engagement at least 45 days in advance of event date.
upe@csuchico.edu • Phone: 530-898-5917 • www.csuchico.edu/upe

CONTACT INFORMATION

SUBMITTED BY _____ EVENT COORDINATOR _____

PHONE NUMBER _____ SPONSOR (COLLEGE, DEPARTMENT, DIVISION) _____ EVENT TITLE _____

EVENT PURPOSE _____ EVENT LOCATION _____ EVENT DATE _____ DAY _____ START TIME _____ TO _____ END TIME _____

EMAIL _____ SERVICE TIME _____ TO _____ END TIME* _____

EVENT DETAILS (CHECK ALL THAT APPLY) **service must end 30min prior to the end of the event.*

EVENT IS: OPEN TO THE PUBLIC BY INVITATION FUNDRAISER

PAID ADMISSION PAID TICKET AUCTION/RAFFLE

HOW WILL ALCOHOL BE SERVED? OPEN BAR NO-HOST BAR TABLE SERVICE

WHO WILL BE ATTENDING? NUMBER OF ANTICIPATED GUESTS _____ WILL ANY GUESTS BE STUDENTS? YES HOW MANY? _____ NO

FUNDS TO BE USED FOR PURCHASING ALCOHOL?
 RF UF DONATION OTHER: _____

ALCOHOL AVAILABLE BEER WINE SPIRITS

ALCOHOL SERVED BY CATERER/VENDOR UPE CONCESSIONS (ON-CAMPUS ONLY)

DESCRIBE FOOD AVAILABLE _____

ALCOHOL TO BE PROVIDED BY

Note On-Campus service of spirits (other than beer and wine) requires use of a licensed bar service.

CATERER/VENDOR UPE CONCESSIONS
 DONATION (Appropriate paperwork must be completed and filed)

FOOD VENDOR/PROVIDER _____

ON-CAMPUS EVENT

ALCOHOL SERVICE PROVIDER INFORMATION (if applicable)

VENDOR/CATERER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

APPROVED ON-CAMPUS EVENT LOCATIONS: Please visit www.csuchico.edu/upe/alcohol-policy/index.shtml for a list of approved event locations.

OFF-CAMPUS EVENT

OFF-CAMPUS EVENT VENUE

VENUE NAME (or address of residence) _____

ALCOHOL SERVICE PROVIDER INFORMATION

VENUE/VENDOR/CATERER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

COMPLETE ON NEXT PAGE

