



California State University Chico

Alcohol Use Approval Request (page 1 of 2)

revised 10/2023

Completed form must be submitted to University Public Engagement at least 45 days in advance of event date.
aurinfo@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
EMAIL		CAMPUS ZIP		START TIME	END TIME
EVENT DETAILS (CHECK ALL THAT APPLY)		*service must end 30min prior to the end of the event.			
EVENT IS: <input type="checkbox"/> OPEN TO THE PUBLIC <input type="checkbox"/> BY INVITATION <input type="checkbox"/> FUNDRAISER					
<input type="checkbox"/> PAID ADMISSION <input type="checkbox"/> PAID TICKET <input type="checkbox"/> AUCTION/RAFFLE		HOW WILL ALCOHOL BE SERVED? <input type="checkbox"/> OPEN BAR <input type="checkbox"/> NO-HOST BAR <input type="checkbox"/> TABLE SERVICE			
WHO WILL BE ATTENDING? NUMBER OF ANTICIPATED GUESTS _____		WILL ANY GUESTS BE STUDENTS? <input type="checkbox"/> YES HOW MANY? _____ <input type="checkbox"/> NO			
FUNDS TO BE USED FOR PURCHASING ALCOHOL?					
<input type="checkbox"/> RF <input type="checkbox"/> UF <input type="checkbox"/> DONATION OTHER: _____		CSE ACCOUNT# _____			

ALCOHOL AVAILABLE BEER WINE SPIRITS

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

DESCRIBE FOOD AVAILABLE

ALCOHOL TO BE PROVIDED BY

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

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

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

