

NCCU
ALCOHOLIC BEVERAGE PERMIT
AND STATEMENT OF RESPONSIBILITY

Please Print Legibly

1. Name of Function (or its purpose) _____
2. Name of Sponsoring Unit (Organization, Department, etc.)

3. Date of Application _____
4. Date of Planned Activity/Event _____
5. Time of Event - Begin _____ End _____
6. Location of Event _____
7. Will Students be present? Yes _____ No _____
8. How will you ensure that minors will not be served?

9. Hours alcohol will be served - Begin _____ End _____
10. Are there tickets to control the number of drinks for attendees? Yes _____ No _____
11. How will the tickets be disbursed? _____
12. Security Arrangements _____
13. Sponsor or Advisor who will be working with event:

Name _____

Title _____

Office Telephone _____ Mobile _____

Email _____

I/We acknowledge and accept all the regulations stated in the Alcoholic Beverages Policy and understand that I/we am/are responsible for the activity and conduct of all participants including invited guests.

I/We accept the responsibility for the cleaning of the facility after the event as well as repairs of any damages that may occur. I/We understand that my/our account will be billed for the cost of additional cleaning and repairing of any damage to the facilities which result from my/our scheduled event.

I/We further understand that the University is not encouraging the consumption of alcoholic beverages, but simply providing a facility where beer or unfortified wine (up to 14% alcohol content by volume) may be consumed in a reasonable manner and in conjunction with an organized special function of the University. The breaking of this agreement will result in the revocation of my/our rights to seek future permission to hold activities where alcoholic beverages can be consumed and sanctions against offending individuals or groups.

Signature of Student Sponsor or Group

Signature of Advisor of Organization

Signature of the Vice Chancellor for Student Affairs

Signature of Director of Food Service (*where applicable*)

Signature of Residence Operations (*where applicable*)

Signature of Director of Student Union (*where applicable*)

DO NOT WRITE IN THIS SPACE
Control Information

Chancellor		VCSA	
VCAA		VCUR	
VCFA			

Revised as approved by the VC for Student Affairs
8-5-16