

ALCOHOLIC BEVERAGE REQUEST

Must be submitted at least 15 days prior to the event

TO: Approval Designee (Check one)

Kristin Holt, Executive Assistant to the President, President's Office (for all events other than those below)

Director, K-State Union (for event at the Union)

Director of Athletics (for events at Athletics locations)

CEO & Dean of K-State Salina (for events at K-State Salina locations)

Dean & CEO, K-State Olathe (for events at K-State Olathe locations)

Director of Extension (for non-Riley County locations)

1. Sponsoring organization or individual: _____

2. Date of event: _____ Time of event: _____

Time period for beverage service: _____ to _____

3. Location of event: _____

4. Purpose of event: **(must be an official university event, fundraising activity for a university program, or another event that furthers the university's mission.) NO CASH BARS PERMITTED.**

5. Who is attending (i.e. honorees of the University such as donors, special guests, distinguished faculty, etc.):

6. Name of licensed caterer: _____

The caterer is licensed and has agreed to comply with the insurance requirements in PPM 3053

7. Beverage(s) to be served: _____

The following person will have general supervision over the area where the event will take place and will be responsible for ensuring that no one under 21 years of age is served an alcoholic beverage, and that no alcohol beverages leaves the designated area:

Name: _____ Title: _____

Name of person requesting approval: _____ Date: _____

I have read and will comply with all requirements of PPM 3053.

Signature of Unit Head requesting approval: _____
(Dean/VP/Provost/President)

Approved: _____ Date: _____

Designee's Signature