

**MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Ancillary Operations
STUDENT ALCOHOL EVENT REQUEST**

Section 1: Contact/Event Details

Department/Organization:	
Name of Organizer (PLEASE PRINT):	
Email:	Phone:
Location of Event:	Do you have a room booked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Event:	Begin Time: End Time:
Method of Payment: Cheque <input type="checkbox"/> Cash <input type="checkbox"/>	Estimated Number Attending:
Time of Pickup (10 a.m. – 12 p.m.):	
Selling Price (min. \$1.65): Local Beer: \$ _____ Imported Beer: \$ _____ Liquor: \$ _____ Wine: \$ _____ Cooler: \$ _____	

Please Note: Alcohol can only be picked up on the Friday of the event & a government issued ID is required.

Please provide the name(s) of trained server(s) for bar & door, and the expiry date of the holder's Server Intervention Training (SIT) card.

Student Name	Student Number	SIT Expiry

Please provide a description of this event.

**Section 2: Beverage Order Beer by the Dozen; Maximum 3 Drinks/Person; Provide Non-Alcoholic Beverages
Processing fee of 20% to a maximum of \$30 will be applied.**

Quantity	Brand	Liquor Left Over from Previous Event (if applicable)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3: Signature of Organizer

I have read the alcohol policies and procedures (www.mun.ca/policy) and agree to all terms and conditions regarding the possession, selling, and consumption of alcoholic beverages. I further agree to ensure that the rules and regulations are not circumvented by anyone in attendance at this event.

Signature of Organizer:

Section 4: Name and Signature of Authorized Building Officer

_____ Name of Building Officer (Please Print)	_____ Signature (Building Officer agrees to permit organizer to use facility)
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Liquor Permit Granted By (Signature - Director, Ancillary Operations or Designate)	Date
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Campus Enforcement and Patrol Date Notified:	CEP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
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