APPLICATION FOR USE OF ALCOHOLIC BEVERAGES ON CAMPUS

EVENT SPONSOR: _____

DESCRIPTION OF EVENT: _____

EVENT LOCATION: _____

DATE: _____ START TIME: _____ ⊙ AM ○ PM END TIME: _____ ⊙ AM ○ PM

FOOD TO BE SERVED: _____

CHARGE FOR MEALS: ○ YES ○ NO NUMBER EXPECTED TO ATTEND THIS EVENT? _____

REASON FOR ALCOHOL TO BE SERVED: _____

WILL UNDERAGE INDIVIDUALS BE IN ATTENDANCE? ○ YES ○ NO

SPONSORS MUST OBTAIN PERMISSION TO SERVE ALCOHOLIC BEVERAGES AND IT WILL BE GRANTED ONLY IF THE FOLLOWING CONDITIONS ARE MET:

1. NO INDIVIDUAL UNDER 21 YEARS OF AGE WILL BE SERVED ALCOHOLIC BEVERAGES.
2. NO INDIVIDUAL OR PERSONS WHO APPEAR INTOXICATED WILL BE SERVED ALCOHOL BEVERAGES.
3. ALCOHOLIC BEVERAGES WILL BE LIMITED TO BEER AND WINE.
4. DIRECT ACCESS TO EVENTS WHERE ALCOHOL IS BEING SERVED MUST BE RESTRICTED TO INVITED GUESTS ONLY. THIS IS THE RESPONSIBILITY OF THE SPONSOR.
5. NON-ALCOHOLIC BEVERAGES AND HIGH-PROTEIN FOODS MUST BE READILY AVAILABLE TO ALL PARTICIPANTS, AND FEATURED AS PROMINENTLY AS THE ALCOHOLIC BEVERAGES.
6. FOOD SERVICES MUST BE CONTACTED PRIOR TO THE SCHEDULING OF THE EVENT TO COORDINATE THE DETAILS OF SERVING/SUPPLYING THE FOOD AND/OR ALCOHOLIC BEVERAGES.
7. AN EVENT SPONSORED BY A STUDENT ORGANIZATION(S) MUST HAVE THE ADVISOR'S SIGNATURE ON THE APPLICATION.
8. ALCOHOL WILL NOT BE SOLD BY THE SPONSORING DEPARTMENT/ORGANIZATION.

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY / RISK MANAGEMENT (EHS/RM) NO LATER THAN (2) TWO WEEKS PRIOR TO THE EVENT IN ORDER FOR REVIEW AND APPROVAL AND TO OBTAIN APPROPRIATE REQUIRED SIGNATURES. IF YOU DO NOT RECEIVE A CONFIRMATION LETTER FROM EHS/RM THE EVENT CANNOT INCLUDE ALCOHOL.

BY SIGNING THIS APPLICATION, I SIGNIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES SET FORTH BY THE CALIFORNIA STATE UNIVERSITY, FRESNO "POLICY ON CAMPUS USE OF ALCOHOLIC BEVERAGES". A COPY OF THE POLICY IS ATTACHED.

_____	_____	_____
PRINT APPLICANT'S NAME	SIGNATURE	DATE
_____	_____	_____
PRINT ADVISOR'S NAME	SIGNATURE	DATE
APPROVED ____ YES ____ NO	_____	_____
	FOOD SERVICES	DATE
APPROVED ____ YES ____ NO	_____	_____
	DAVID HUERTA POLICE CHIEF	DATE
APPROVED ____ YES ____ NO	_____	_____
	DR. PAUL OLIARO VICE PRESIDENT FOR STUDENT AFFAIRS	DATE
APPROVED ____ YES ____ NO	_____	_____
	STEVE MARTINEZ DIRECTOR OF ENVIRONMENTAL HEALTH & SAFETY	DATE

COPY OF CONFIRMATION LETTER WILL BE SENT TO THE DEANS/CHAIRS AND CHIEF OF POLICE
*RETURN TO RISK MANAGEMENT, M/S LS 140