Request for Approval to Serve Alcohol at a Campus Event

This form serves as request to the Faculty Student Association (FSA) for permission to serve alcohol as part of a special event.

This request must be submitted to:
Amanda Alicea - Faculty Student Association
Stony Brook University
2nd Fl. West Side Dining
Stony Brook, NY 11794-4460
Phone: (631) 632-1817
Fax: (631) 632-2926
Email: alcohol_Request@stonybrook.edu

This request form must be submitted no later than four (4) weeks prior to the scheduled event date. The event will not be approved unless this form is properly filled out and has all the appropriate signatures.

Please describe the event:

Name of Event: ________________________________________________________________

Sponsoring Department, Organization, etc.: __________________________________________

Location: ______________________________ Date: ______________________________

Time From: _______________ To: _______________ Estimated Attendance: _______________

How is event being advertised? ____________________________________________

Is there a charge for food and non-alcoholic beverages? ____________________________

Describe entertainment being provided: ____________________________________________

Name(s) of event coordinator(s)/manager(s) on duty during the event: ________________

Who will be serving the alcohol? ________________________________________________

Number of persons serving alcohol: ____________ Are persons serving alcohol over 21 years of age: ________

Will all attendees at the event be 21 years or older: ________

Will alcohol be served and consumed only on the premises: ________________________
Describe the procedures/safeguards that will assure that persons served are of legal drinking age (21) and do not consume excessive amounts of alcoholic beverages at the event:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe the alcohol service proposed for this event:

Types of alcoholic beverages being served: ______________________________________

Quantity of beverages available at the event: ________________________________

Is alcohol available at reduced pricing?______________ Or, at no cost? ____________

Who is catering food at the event? _________________________________________

Is there a charge for food and non-alcoholic beverages? ________________

Describe the type and quantities of food and non-alcoholic beverages being provided: ______________________

________________________________________________________________________

Who is catering/providing alcohol for the event? ____________________________
Individual(s) coordinating event:

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Supervisor Name

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Please fax this completed to SLAFSA at (631) 632-2926.

FOR FACULTY STUDENT ASSOCIATION FSA USE ONLY:

Date Received: __________________________

_____ Approved

_____ Not Approved

Vice President for FSA(desigee) Date

Comments:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Faculty Student Association
West Side Dining, 2nd Floor
Stony Brook University
Stony Brook NY 11794-4460