



Request for Approval to Serve Alcohol at a Campus Event

This form serves as a request to the Division of Enterprise Risk Management for permission to serve alcohol as part of a special event. This request must be submitted to:

Amanda Alicea
Division of Enterprise Risk Management
Stony Brook University
411 Administration Bldg
Stony Brook, NY 11794
Office: 631-632-9572
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 the event being advertised? _____

Are State funds being used to purchase alcohol for the event? Yes _____ No _____

What funds will be used to purchase alcohol for the event? _____

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: _____



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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:

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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: _____

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Who is catering/providing alcohol for the event? _____

Please provide a justification of reasonableness/necessity for the alcohol:



Stony Brook University

Individual(s) coordinating event:

Name

Fax

Phone

Signature

Date

Name

Fax

Phone

Signature

Date

Supervisor Name

Signature

Date

FOR ENTERPRISE RISK MANAGEMENT USE ONLY:

Date Received: _____

_____Approved

_____Not Approved

Vice President for ERM (designee)

Date

Comments:

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