BINGHAMTON UNIVERSITY
APPLICATION FOR PERMISSION TO SERVE ALCOHOLIC BEVERAGES

A. Sponsoring Organization/Department: ____________________________________________

B. Contact Person:
   Name: ____________________________ Position: ___________________________
   Phone: ____________________________ E-Mail: _________________________________

C. Type of Event: ____________________________
   Date: __________________ Times: From _________ Till ___________
   Location: __________________ Estimated Attendance: ________________
   Event is Open To Whom? _______________________ __________________________

D. Food and Beverages to be served:
   a. Alcohol Beverages:
      Type __________________ Quantity Available: ________________
   b. Non Alcohol Beverages:
      Type __________________ Quantity Available: ________________
   c. Food: ___________________________________________ Quantity Available: ________________

E. Financial Arrangements: (Please Check Appropriate Box and Explain)
   a. ___ Event is Free To Participants
   b. _____ Event Has An Associated Admission Charge
   Explanation Of Event Funding: _____________________________________________

F. Supervision of Serving of Alcoholic Beverages: (Please Check Appropriate Box and Explain)
   a. ____ Event is being catered
   b. ____ Event is supervised by organization/department
   Explanation of process for control of distribution of alcohol only to people of age and within the
   scheduled facility, registration of guests and advertising: _____________________________

G. Signatures/Person(s) Responsible:
   a. For Graduate Organizations and University Departments the person responsible must be 21
   years of age.
   b. For undergraduate organizations two signatures are required
      i. The person responsible must be either the president or treasurer of the
         organization.
      ii. Either the executive vice president or the financial vice president of the student
          association must cosign the form.
   c. Catered events must include the signature of the appropriate Sodexho manager:

   I have read the cover sheets of this application and understand our organization’s responsibilities and
   liabilities in regard to campus policies and state statutes relative to the service of alcohol beverages and affirm
   that all information reported above is complete and accurate.

1. Person Responsible (See Above):

   __________________________________  ____________________________  ______________________
   (Name - Printed)          (Department or Organization)                   (Position)

   __________________________________  (Signature)          (Phone)        (E-Mail Address)

2. Student Association Approval: (Only required of Undergraduate Student Organizations)

   __________________________________  (Name)                    (Position)                       (Phone & E-Mail Address)

3. Sodexho Manager: (For Catered Events Only)

   __________________________________  (Name)                    (Position)                       (Phone & E-Mail Address)

   __________________________________  (Name)                    (Position)                       (Phone & E-Mail Address)

   Application Reviewed By:

   ____________________  ____________________  ____________
   Name                  Title                     Date

   University Police and or Event Staff Required: _____ YES _____ NO

Distribution: Applicant, Dean of Students, Originating Office