

ALCOHOL REQUEST / APPROVAL FORM  
MONTANA TECH

ORGANIZATION \_\_\_\_\_ EVENT \_\_\_\_\_

DATE \_\_\_\_\_ START TIME \_\_\_\_\_ END \_\_\_\_\_ EXPECTED ATTENDANCE \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF ALCOHOL BEVERAGES PLANNED: BEER \_\_\_\_\_ WINE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

MENU & ALTERNATIVE BEVERAGES SERVED: \_\_\_\_\_

SECURITY NEEDED: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY \_\_\_\_\_

IS ALCOHOL BEING SOLD? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, NAME OF LICENSED VENDOR \_\_\_\_\_

IF NO, NAME OF PERSON SUPPLYING \_\_\_\_\_

WILL THERE BE PERSONS ATTENDING WHO ARE UNDER AGE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHO AND HOW WILL YOU INSURE THESE PERSONS WILL NOT DRINK ALCOHOLIC BEVERAGES?

\_\_\_\_\_  
\_\_\_\_\_

I HAVE BEEN INFORMED OF STATE LAW, UNIVERSITY POLICY, AND MANAGEMENT GUIDELINES AND ACCEPT THE RESPONSIBILITY AS OUTLINED

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE/ ADVISOR WHO MUST BE PRESENT AT THE EVENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED REPRESENTATIVE/ADVISOR

\_\_\_\_\_  
TELEPHONE NUMBER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NOTE: CAMPUS SECURITY MAY BE REQUIRED, THE BUILDING SUPERVISOR WILL DETERMINE NEED BASED UPON SIZE AND TYPE OF FUNCTION

APPROVAL PROCESS:

APPROVAL

\_\_\_\_\_  
APPROPRIATE VICE CHANCELLOR

\_\_\_\_\_  
DATE

YES

NO

\_\_\_\_\_  
CHANCELLOR

\_\_\_\_\_  
DATE

YES

NO