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 ______