

PERMIT NO. _____

University of California, Merced
PERMIT TO SERVE ALCOHOLIC BEVERAGES

Submit Permit to Approving Authority at least fifteen (15) working days prior to event. COMPLETE ALL SECTIONS.

Section I. Contact Information (if event is co-sponsored, attach co-sponsor contact information)

Event Sponsor: _____ Sponsor Representative: _____

Sponsor Address: _____ City: _____ Zip: _____

Phone: _____ Phone Number during the event: _____ Email: _____

Event Coordinator (if different from Sponsor Representative): _____

Phone: _____ Email: _____

Section II. Event Information

Event Title/Description: _____ Event Date: _____

Event Purpose: _____

Exact Location: _____ Facility Use Request or Agreement Approved? Yes No N/A

Event Time: from: _____ to: _____ Alcohol Service Time: from: _____ to: _____

Type of Attendees: Faculty Staff Student Public Other _____

Estimated Attendance: _____ Est. Percent under 21 yrs. old: _____%

*Approval Authority may require additional measures below to identify persons under 21

Section III. Beverages and Food

Business justification for alcohol at the event: _____

Type of Alcoholic Beverages: Wine Beer Champagne Liquor

Type of non-alcoholic beverages: Coffee & Tea Soft Drinks Bottled Water

Who is serving alcohol? Lakeside Catering Vendor _____ Other _____

Who is providing the alcohol? _____

Is alcohol donated? Yes Donor name _____ If yes, contact Development Office. No

Is there a Cash Bar? Yes No Will tickets be sold to exchange for alcohol? Yes No

Name of Liquor License holder if selling alcohol: _____ License # _____

Food Service/UCM Approved Caterer details (attach food menu): _____

Source of Funds Used to Buy Alcohol: Restricted Non-Restricted No UC funds used

The reason for any requested exception to the UC Merced Alcohol policy must be explained on a separate sheet.

I have read and understand the UC Merced Alcohol policy and understand that I and/or my organization may be held responsible and liable should a person attending the event and consuming alcoholic beverages be involved in an incident resulting in personal injury and/or death. I certify that I am at least 21 years of age, will be present at all times during the event, and will not consume alcohol during the event.

Sponsor Representative Signature _____ Date _____

For certain events, additional measures may be deemed appropriate by the Approving Authority. These include security personnel, event site map (including serving location(s), entrance, exit(s), restrooms, perimeter fencing, etc.), and wristbands for underage attendees as noted below:

PERMIT APPROVER USE ONLY		
Additional Measures Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If Yes, Describe
Permit Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Reason for Denial:
Authorized Authority Signature	Title	Date
Police Department Signature	Title	Date

Sponsor MUST make this permit available at the event for inspection by University official