

## Request for Permission to Serve Alcoholic Beverages

<b>Title of Event:</b>				
<b>Date of Event:</b>		<b>Date of Request:</b> Must be submitted at least ten (10) business days prior to the Event		
<b>Name of Person Submitting Request:</b>		<b>Email of Submitter:</b> <b>Phone # of Submitter:</b>		
<b>Sponsor of Event:</b> <small>(Name of staff or faculty member who will be present and will not drink alcohol during event)</small>		<b>Email of Sponsor:</b> <b>Phone # of Sponsor:</b>		
<b>Department or Student/Employee Organization Hosting Event:</b>				
<b>Purpose of Event:</b> <small>(check all that apply)</small>	Social?	Cultural?	Educational?	Other? (describe)
<b>Location of Event:</b>				
<b>Time Alcohol will be served:</b> <small>3-hour maximum – not before 5PM and not past 10PM</small>	From: _____ am/pm		To: _____ am/pm	
<b>Number of Guests Expected:</b>	Students/Residents/Fellows:	Faculty:	Staff:	Non-UTHealth Guests:
<b>What steps will be taken to ensure that alcoholic beverages will not be served to minors? (check all that apply)</b>	Check Government Issued ID:	Hand Stamp/Wristband:	Tickets:	Other (describe):
<b>What steps will be taken to regulate the serving of alcohol?</b>	Tickets:	Hand Stamp/Wristband:	Cash Bar:	Other (describe):
<b>Will there be a limit on the number of drinks served per-person?</b> <b>If yes, how many?</b> <small>Recommended no more than 2</small>	_____ Yes _____ Drinks Per Person		_____ No	
<b>Will Non-Alcoholic Beverages will be served?</b>	_____ Yes		_____ No	
<b>What Alcoholic Beverages will be served?</b>	_____ Beer	_____ Wine	Other: _____	
<b>Will food will be served?</b>	_____ Yes		_____ No	
<b>Will security be provided by the host facility?</b> <small>Sponsor responsible for notifying UTPD (<a href="https://www.utph.org/index/forms/special-events">https://www.utph.org/index/forms/special-events</a>)</small>	_____ Yes		_____ No	
<b>Are bartenders/servers certified by the Texas Alcoholic Beverage Commission?</b>	_____ Yes		_____ No	
<b>If any attendees are not UTHealth students and/or employees, has TULIP Insurance Liability Coverage been purchased?</b>	_____ Yes	_____ No	_____ N/A	

### SIGNATURES

<p>I certify by my signature below that I will be present and will not drink alcohol during the entirety of this event to assist in its management in compliance with the UTHealth "Alcoholic Beverages" policy (HOOP 9).</p>	<p>I certify by my signature below that I have reviewed the nature of this event and ensured that it is organized in compliance with the UTHealth "Alcoholic Beverages" policy (HOOP 9).</p>	<p><b>Submit for Approval of Payment to:</b> Vice President of Enterprise Risk Management (In reliance on the foregoing Sponsor and Dean/Designee certifications). By inter-institutional mail to UCT 1736. Send questions to <a href="mailto:uthealtherm@uth.tmc.edu">uthealtherm@uth.tmc.edu</a>.</p>
<p>_____</p> <p>SPONSOR/TITLE</p>	<p>_____</p> <p>DEPARTMENT (if required by school)/DATE</p> <p>_____</p> <p>DEAN OR DESIGNEE/DATE</p>	<p>_____</p> <p>Vice-President of Enterprise Risk Management</p>
Date: _____		Date: _____