

ALCOHOLIC BEVERAGE USE ON CAMPUS

POLICY

Implementation Date:

Event _____

Purpose of the Event: *How does this event fit with the goals and objectives of the University and your organization?*

Date(s): _____ Time(s): _____ Location: _____

Sponsor: _____
(Organization or Campus Department)

Event Organizer: _____
(Name / Address / Email / Phone Number)

Caterer Approved by UARSC: _____

Catering Contact _____
(Name / Address / Email / Phone Number)

If Using UARSC Funds, Please Provide UARSC Project Name/Number: _____

Identify Other Funding Source if Not Using UARSC Funds: _____

Campus Sponsor Affiliation:

- (Please Check Only One)
- | | |
|--|---|
| <input type="checkbox"/> Campus Department | <input type="checkbox"/> ASI |
| <input type="checkbox"/> College/ Division | <input type="checkbox"/> UARSC |
| <input type="checkbox"/> Recognized Student Organization | <input type="checkbox"/> Outside Organization |
| | <input type="checkbox"/> Other: _____ |

Total Anticipated Attendees: _____ Majority of Guests over 21? Yes ___ No ___

of Attendees Consist of: # Students _____ # Faculty _____ # Staff _____ # Guests _____

List all activities of this event: _____
(Dinner, lecture, conference, dancing, campus tour, etc.)

Approval is Requested for: Beer ___ Wine ___ Distilled Spirits _____

Is there a cost to attend this event Yes ___ No ___

Will Alcohol be Sold or Provided Free of Charge? Sold ___ Free ___

List Non-Alcoholic Beverages to be Served: _____

List Food Items to be Served: _____

(Please attach a copy of the event menu from a UARSC approved caterer.)

Responsible Host(s) Assigned to this Event:
(One RH is required for every 50 event attendees. The RH must abstain from alcohol consumption.)

I certify that I shall be present for the entire event and, on behalf of the sponsoring organization, shall ensure compliance with all applicable State and University regulations (must be 21 yr. or older):

Responsible Host Signature

Date

Responsible Host Name

Home/Campus Telephone

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PROCEDURE

Implementation Date:

RECOMMENDATION – Acknowledgement and Support of Event

(Circulated by Event Organizer - Eight (8) Weeks Prior to Proposed Event)

Sponsoring College/Department (*MPP Signature*), Director, Student Life & Leadership (*for Student Organizations*), Executive Director, Associated Students, Inc. (*for ASI Events*) or Outside Organization Representative

Date

*Appropriate Vice President (*for University Sponsored Events*), Associate Vice President, Community Engagement (*for Outside Organizations*), Vice President for Student Affairs (*for Student Life and Leadership & Associated Students, Inc.*)

Date

Vice Presidents Should Refer to Appendix A for Decision-Making Considerations Before Signing.

VERIFICATION – Event Meets Campus Requirements to Serve/Sell Alcohol

(Circulated by ECS or CFH/USU – Six (6) Weeks Prior to Proposed Event)

Director, ECS and/or Director, CFH/USU - Signature

Date

University Police Designee Signature**
(Identify UPD Staffing Requirements Below)

Date

CSUSM UARSC Designee Signature***

Date

FINAL APPROVAL

(Circulated by ECS or CFH/USU)

Associate Vice President, Community Engagement
(President's Designee)

Date

Alcohol Not Recommended

Reason for denial:

Denying Official's Signature: _____ Date: _____

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Additional Signature Acknowledgement

* This signature indicates that the “appropriate Vice President”, Vice President of the department, college or division sponsoring the event, has recommended the event and forwarded the alcohol request to ECS or CFH/USU. The Vice President of the department, college or division may ask that the college/department events organizer indicate their name and receive approval from their college or department chair before the request is signed by the appropriate Vice President and forwarded to the AVP of Community Engagement.

** This signature indicates that the University Police are aware of the event, have assigned CSOs and/or Police Officers to the event, and have knowledge of the Responsible Hosts who have volunteered to work the event.

***This signature indicates that the caterer is a UARSC and University approved entity that carries the appropriate level of liability insurance, training, licenses and permits.

Please contact UARSC and/or Procurement & Support Services (i.e. Hospitality Policy and Procedure) for funding requirements.

University Police Staffing Requirements

This event will require _____ CSO’s _____ Officers _____ Sgt’s

Additional requirements:

University Police Department