

ALCOHOLIC BEVERAGE USE ON CAMPUS

POLICY

Implementation Date: 7/1/2016

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)

UARSC Approved Alcohol Vendor: _____ ECS Event Planner Name and Ext: _____

UARSC Approved Catering Vendor: _____

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) ___ Campus Department ___ ASI ___ College/ Division ___ UARSC ___ Recognized Student Organization ___ Outside Organization ___ 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 ___

Is the Alcohol being Donated? Yes ___ No ___ If Yes, by whom? _____

List Non-Alcoholic Beverages to be Served: (Pepsi Cola Products Only) _____

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:

(A minimum of two RH's are required. Events with over 50 people are evaluated on a case-by-case basis for the number of RH's required.)

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):

1st Responsible Host Name Home/Campus Telephone Signature/Date
2nd Responsible Host Name Home/Campus Telephone Signature/Date

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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

Date

VERIFICATION – Event Meets Campus Requirements to Serve/Sell Alcohol

(Circulated by ECS– Six (6) Weeks Prior to Proposed Event)

Director, Event and Conference Services

Date

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

Date

CSUSM UARSC Designee Signature***

Date

FINAL APPROVAL

(Circulated by ECS)

Vice President, University Advancement***
(President's Designee)

Date

This form must be returned to UARSC once Final Approval signature is obtained for further processing if an ABC permit is required, and to document completion.

Alcohol Not Recommended

Reason for denial: _____

Denying Official's Signature: _____ Date: _____

Exception Request (state reason for policy exception request and cite policy section): _____

Exception Approved **Exception Denied**

Official's Signature (President's Designee): _____ 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. 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.

** This signature indicates that the University Police are aware of the event, have assigned a Community Services Officer(s) (CSO) 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 Alcohol and Catering vendors are UARSC and University approved entities that carry the appropriate level of liability insurance, training, licenses and permits.

Please contact UARSC (760) 750-4700 and/or Procurement & Support Services (i.e. Hospitality Policy and Procedure) (760) 750-4555 for funding requirements

University Police Staffing Requirements

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

Additional requirements:

University Police Department