

# REQUEST TO SERVE OR SELL ALCOHOLIC BEVERAGES

All Requests must be submitted to Hospitality & Dining Services **at least 20 business days prior to the event** to allow for timely review and processing. A separate Request must be submitted for each event. After HDS approves this Request, they will send a copy to the Primary Event Representative, Event Location Approver, and UCI Police.

EVENT INFORMATION

Date of Event _____	Event Start Time _____
Location _____	Event End Time _____
Description and Purpose of the Event _____	Alcohol Service Start Time _____
_____	Alcohol Service End Time _____
_____	Total Hours of Alcohol Service _____

**Attach a diagram showing where alcoholic beverages will be permitted and note all entrances and exits. For outdoor areas and events, indicate all barricaded areas. If selling alcoholic beverages, use form ABC-235.**

List the specific types of alcohol to be served. **Only beer and wine are permitted at student sponsored or student oriented events.**

List ALL foods and non-alcoholic beverages that will be served. Food and non-alcoholic beverages are required.

If hard liquor will be served at non-student events, the Approving Authority must initial.

\_\_\_\_\_  
Approving Authority

**Sale of Alcoholic Beverages**

Will a fee be charged for alcoholic beverages or a fee to attend the event?  
 YES    NO   **If YES, a one day alcohol license from the California Department of Alcoholic Beverage Control (ABC) will be required.**

**Purchase and Transport of the Alcohol**

Donation—Name of donor \_\_\_\_\_  
 Purchase by department—Retail store \_\_\_\_\_  
 Purchase by licensed caterer—Name \_\_\_\_\_

**Description of Attendees**

Estimated number of attendees \_\_\_\_\_ % under 21 years  
 \_\_\_\_\_ % faculty   \_\_\_\_\_ % undergraduate  
 \_\_\_\_\_ % staff   \_\_\_\_\_ % graduate   \_\_\_\_\_ % other

**Service of Alcoholic Beverages**

Certified Professional Servers (e.g. TIPS or LEAD certified) will be provided by:  
 \_\_\_\_\_

**REQUIRED CONTACT INFORMATION AND APPROVAL SIGNATURES**

**By signing below, I acknowledge that I have read the UCI Policy on the Sale, Service and Consumption of Alcoholic Beverages, Section 900-13, and agree to abide by this policy and any other requirements set forth by the University of California, Irvine.**

CONTACT INFORMATION

\_\_\_\_\_  
Sponsoring Organization

\_\_\_\_\_  
Primary Event Representative (must be present at the event)

(   )   —  
Office Number

(   )   —  
Cell Number (at event)

\_\_\_\_\_  
Email

**Primary Event Representative Signature                      Date**

**Event Representative(s)**  
For every 50 attendees, an Event Representative must be present at the event. List all Event Representatives with cell number (use back of form).

Name _____	Cell Number (at event) _____
Name _____	Cell Number (at event) _____

**Event Location Approver**

Name _____	Title _____
Signature _____	Date _____

**Approving Authority**  
*See Section 900-13 for authorized approvers.*

Name _____	Title _____
Signature _____	Date _____

**Hospitality & Dining Services Approver**

Name _____	Title _____
Signature _____	Date _____