Request for Approval to Serve Alcohol at a Campus Event

This form serves as request to the Office of Administration for permission to serve alcohol as part of a special event.

This request must be submitted to:

Dianne Marone, Senior Financial Coordinator
Office of Administration
221 Administration Building
Stony Brook University
Stony Brook, NY 11794-1002
Phone: (631) 632-6063
Email: dianne.marone@stonybrook.edu

This request form, and accompanying New York State Liquor Authority (SLA) permit, must be submitted no later than four (4) weeks prior to the scheduled event date. The event will not be approved unless this form is properly filled out and has all the appropriate signatures.

Please describe the event:

Name of Event: ____________________________________________

Sponsoring Department, Organization, etc.: ____________________________________________

Location: ___________________________ Date: ___________________________

Time From: ____________ To: ____________ Estimated Attendance: ________________

How is event being advertised? ____________________________________________

Is there a charge for food and non-alcoholic beverages? ____________________________

Describe entertainment being provided: __________________________________________

Name(s) of event coordinator(s)/manager(s) on duty during the event: ________________

Who will be serving the alcohol? _____________________________________________

Number of persons serving alcohol: ________ Are persons serving alcohol over 21 years of age: ________

Will all attendees at the event be 21 years or older: ________

Will alcohol be served and consumed only on the premises: __________________________
Describe the procedures/safeguards that will assure that persons served are of legal drinking age (21) and do not consume excessive amounts of alcoholic beverages at the event:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


**Please describe the alcohol service proposed for this event:**

Types of alcoholic beverages being served: ________________________________

Quantity of beverages available at the event: ______________________________

Is alcohol available at reduced pricing? ___________ Or, at no cost? ___________

Who is catering food at the event? ________________________________

Is there a charge for food and non-alcoholic beverages? ___________

Describe the type and quantities of food and non-alcoholic beverages being provided: ______________________________

________________________________________________________________________

Who is catering/providing alcohol for the event? ______________________________


**NYS Liquor Authority (SLA) Permit**

*(If Campus Dining is catering the food and the alcohol, they will apply for the appropriate permits. If not, event coordinator(s) must apply for a temporary permit to have alcohol at the event.)*

You may apply for the SLA permit by visiting: See: [http://www.sla.ny.gov/online-permit-applications](http://www.sla.ny.gov/online-permit-applications)

Who is applying for the NYS Liquor Authority (SLA) Permit? ______________________________
The SLA Permit must be received by this office prior to event approval. After approval, copies of this form should be faxed by the requesting department to the Building Manager where the event will be held as well as to University Police. The Event coordinator(s) must prominently display the SLA Permit during the event.

Individual(s) coordinating event:

Name ___________________________ Fax ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________

Name ___________________________ Fax ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________

Supervisor Name ___________________________ Signature ___________________________ Date ___________________________

Please fax this completed form along with the SLA permit to the Office of Administration at (631) 632-6111.

FOR OFFICE OF ADMINISTRATION USE ONLY:

Date Received: ________________

_____ Approved

_____ Not Approved

Vice President for Administration (designee) ___________________________ Date ___________________________

Comments:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Office of Administration
221 Administration Building
Stony Brook University
11794-1002