

**Alcohol Approval Form**

Approval Request for Retail Alcohol Sales and Non-Retail Alcohol Distribution  
at the University of Illinois at Urbana-Champaign

***\*Please DOWNLOAD this form to your computer, complete it, and return to address provided.***

1. Name of event sponsor:

2. Name of event:

Event type:  Reception  Meal  Other (Please specify):

3. This request is for:

- The sale of alcoholic beverages.  
 The service (*no sale*) of alcoholic beverages.

4. Designate the location of the event:

- Activities and Recreation Center (ARC)  
 Allerton Park and Retreat Center  
 Bevier Hall  
 I-Hotel and Conference Center  
 Illini Union  
 Krannert Center for the Performing Arts  
 Memorial Stadium and surrounding areas  
 State Farm Center  
 Other (**on campus**) – List name and location:

- Other (**off campus**) – List name and location:

5. List insured caterer that will be administering alcohol: ([List of insured caterers](#))

6. Event information:

Date	Time	Venue/Room Location	Number of Attendees

**Attendees (Check all that apply):**

- Faculty  Graduate Students  External Constituents  
 Staff  Alumni  General Public  
 Undergraduate Students  Donors  Other

7. Payment:  Cash  Check  Credit Card

University CFOP:

8. Will event comply with all requirements of the University of Illinois at Urbana-Champaign Alcohol Management Policy ([CAM Policy FO-06](#))?

Yes  No If not, list requested exceptions:

9. THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES TO COMPLY WITH THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN ALCOHOL MANAGEMENT POLICY AND WILL ENSURE THE FOLLOWING REQUIREMENTS ARE ENFORCED:

- The venue is safe and suitable for alcohol distribution.
- The majority of attendees at the event are age 21 or older and there is a method for checking IDs.
- Alcohol is served by a licensed caterer with properly trained staff.
- The sale or serving of alcoholic beverages and the demeanor of the participants are in accordance with State law and University policies.

Dean, Director, Client Name

Dean, Director, Client Signature

Date

**A copy of the approved form will be sent to the requesting unit. Please provide contact information:**

Name:

Email:

**Submit the completed form to:**

Associate Vice Chancellor for Student Affairs/Director of Auxiliary Services  
121 Swanlund Administration Building, 601 East John Street  
MC-304

APPROVED:

\_\_\_\_\_  
Associate Vice Chancellor for Student Affairs/  
Director of Auxiliary Services

\_\_\_\_\_  
Date

Approver's remarks:

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