

# 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 _____

# SUPPLEMENTAL DIAGRAM

### Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle)	2. LICENSE TYPE
3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET

### DIAGRAM

I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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### FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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