

ALCOHOL USE REQUEST FORM
Community Individual/Private Organizations

Contact: _____ Request Date: _____

Contact Phone: _____ Event Title: _____

Event Date: _____ Event Time: _____

Est. Attendance: _____ Event Location: _____

Attending:

- Organization Members Only
- Organization Members and Invited Guests
- General Public

Alcoholic beverages being served: Beer Wine Distilled Spirits

Host Bar: Yes No Cash Bar: Yes No

Will persons under lawful drinking age be in attendance? Yes No

I hereby agree to ensure compliance with all applicable State Laws, TABC Guidelines and UNT Dallas Policy on alcohol use. I further understand that I and/or the entity that I represent may be held liable for any damages to UNT Dallas property occurring from this event.

Name (print): _____

Address: _____ City _____ State _____

Phone: Cell _____ Work _____

Signed: _____

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Denied Approved

Signed: _____ Date: _____

Dean of College of Law for events utilizing any of the College of Law spaces

Denied Approved

Signed: _____ Date: _____

Dean of Students if students will be attending

Denied Approved

Signed: _____ Date: _____

President, Vice President for Advancement, or CFO/Vice President for Finance and Administration