

REQUEST FOR SERVICE OF ALCOHOLIC BEVERAGES

AT CLOSED, CATERED PRIVATE EVENTS

IMPORTANT: YOU MUST COMPLETE BOTH PAGES

REQUESTS FOR ALCOHOL SERVICE SHOULD BE MADE AT LEAST 30 DAYS IN ADVANCE OF EVENT DATE.

1. Name of Event _____
2. Date of Event _____
3. Location of Event: Building: _____ Room #: _____ Number Attending: _____
Start Time: _____ am/pm End Time: _____ am/pm
4. Type of Event: Dinner, Cocktail Reception, Dance, Wedding Reception, Other (Please Explain)

5. Name of Person Responsible: _____

Relationship to Event (i.e. Father of the Bride, Company President, etc.) _____

Primary Phone Number: _____

Billing Address: _____
Email Address: _____
6. Description of alcohol service requested (i.e. Cash Bar before dinner, etc.)

7. Will anyone under the age of 21 be attending this event? Yes No
If yes, please explain: _____
8. Will you certify that over 50% of those who attend the event will be 21 years of age or older? Yes No
9. Will you certify that the proposed event is a "closed, catered event" in the sense that it is not open to the general public and that each person in attendance has either been personally invited or has purchased a ticket in advance?
Yes No
10. Will you agree to ensure that food and non-alcoholic beverages are available to participants at all times that alcohol is being served? Yes No
11. Will you agree not to use the name of any alcohol product, manufacturer or distributor in announcing or promoting this event and not to use any term or phrase which might convey that the consumption of alcohol is a major focus of this event?
Yes No
12. Will you hold this event on campus even if alcohol is not approved? Yes No
13. The document titled "Purdue Memorial Union Catering and Events Responsible Alcohol Service" must be read, signed, and submitted to the Event Planner responsible for this event.

15. Please list the person's name who will be present throughout the entire event who will be the sole contact person for your organization. **This person must identify himself/herself to the PMU staff person present at the start of the event.**

The above individual will have the responsibility to communicate with event participants on any issues relating to alcoholic beverage consumption.

16. By my signature below, I certify that I am an official representative of the unit or organization sponsoring this event and that I am authorized to enter into this agreement. My signature also certifies that I agree to comply with all University policies, rules and regulations, as well as all state statutes and that I agree to bear the cost of personnel necessary to ensure compliance with said policies, rules, regulations and state statutes. I further agree that should the event not comply with any of the above, the University reserves the right to immediately terminate alcohol service at said event, with the sponsoring organization remaining responsible for all costs associated with the event as planned. I understand that Purdue University reserves the rights to limit quantities of alcoholic beverages served at an approved event, to limit hours and dates when such service may occur and to withhold approval of possession, consumption, provision and sale of alcoholic beverages to any organization, group or individual at any time and for any reason deemed appropriate by the University and its agents. That decision is discretionary and lies wholly with Purdue University, subject to its best interests as it determines them.

Signature of Person Responsible for Event _____ Date _____

(Note: The above signature must be from the same individual listed in item #6 on this request)

When completed, please submit the signed request form to:

Purdue Memorial Union
Catering and Events Office
101 North Grant Street, Room 160
West Lafayette, IN 47906

or you may either FAX to (765) 494-8851 or mail the signed document.
Requests for alcohol service should be made at least 30 days in advance of event date.

REMEMBER TO ATTACH: Copy of Space Confirmation (where applicable)
 Copy of Catering Contract Describing Food & Beverage Service (where applicable)

(For office use only)

Approved: _____ Date _____
(For Housing and Food Services)

Approved: _____ Date _____
(For the Executive Vice President and Treasurer)

RESPONSIBLE ALCOHOL SERVICE COMMITMENT

We are committed to providing a safe and secure environment where guests can enjoy alcohol in a responsible manner. Licensed and regulated by the State of Indiana, we will comply with all laws governing the sales and service of alcoholic beverages as well as the policies of Purdue University.
Please initial each item below to indicate your partnership with us in providing an enjoyable and safe experience for your family and friends.

- ___ The "carry in" or "carry out" of any type of alcoholic beverages is prohibited. Please make alternative arrangements for any alcoholic beverages traveling with you or your guests prior to entering our facilities.
- ___ Beverage service is limited to a total of 4 hours. We're happy to accommodate service time adjustments during the event when possible; however, beginning service earlier than contracted may result in ending service earlier than contracted.
- ___ Straight shots of any liquor or any combination of three or more liquors will not be served.
- ___ No one person may leave the bar with or be in possession of more than the equivalent of two alcoholic drinks at any given time.
- ___ No one person may leave the bar with more than the equivalent of one alcoholic drink during the final hour of a 4-hour bar service.
- ___ Neither last call nor suspension of bar service for dinner will be announced.
- ___ Signage will be posted at each bar briefly outlining our Alcohol Service Policies.
- ___ Alcoholic beverages may not be removed from the event space.
- ___ All individuals purchasing and/or consuming alcoholic beverages must be a minimum of twenty-one (21) years of age. Per state law, individuals under the age of 21 are not allowed to approach the bar even to purchase non-alcoholic beverages.
- ___ A valid ID is required for service. Anyone appearing under the age of 30 will be asked to provide identification every time they come to the bar. Guests may elect to be wrist-banded at the bar should they not wish to carry their ID all evening.
- ___ Guests will be expected to maintain responsible standards concerning their use of alcoholic beverages. Immoderate use leading to intoxication, offensive behavior, or disorderly conduct will result in the discontinuation of service (being "cut-off") to that individual.
- ___ For the safety of your guests and in accordance with the State of Indiana liquor laws, we reserve the right to remove from the event space:
 - any underage person who is consuming alcohol
 - any person who provides an alcoholic beverage to an underage person
 - any person who continues consuming alcohol after service has been discontinued ("cut off")
 - any person who knowingly provides an alcoholic beverage to a person to whom service has been discontinued (who is "cut off")
 - any person who arrives visibly intoxicated to the event
- ___ An off-duty police officer in plain clothes (dress casual) will be provided by Purdue Memorial Union Catering and Events to assist us in our commitment to providing a safe, secure, and enjoyable event.

Multiple infractions of any liquor service policy or law will result in the discontinuation of all alcohol service for the remainder of the event. Should this action become necessary, payment for the event will remain due in full and no refund will be given for the unused beverage service time or any inconvenience or embarrassment caused.

In order to allow you to enjoy your day to the fullest, we ask that you identify two other contacts that can assist us in reminding your guests of our responsible service policies should it become necessary and you are otherwise engaged. Your Catering Coordinator will be introduced to these contacts at the beginning of your reception.

Prices are subject to change. An 18% Service Charge and applicable Indiana Sales Tax are standard on every order.

Signature of Person(s) Responsible /Date

Signature of Event Planner / Date

Event Name

Event Date

BEO #