



California State University
MONTEREY BAY
Extraordinary Opportunity



Alcohol Approval Form

All fields are REQUIRED and must be filled out. Alcohol service must end 30 min. prior to event end time. Day & Date of Event:											
Event Name: _____		Event Start Time: _____	Event End Time: _____								
Sponsored By Dept.: _____		Alcohol Start Time: _____	Alcohol End Time: _____								
*Is this a gift or a giveaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many bottles? _____ * Must not be opened/consumed at the event where recieved.											
Location/Address: _____		City: _____									
Estimated number of attendees anticipated for each of the following groups: CSUMB Students: _____ CSUMB Staff/MPPs: _____ CSUMB Faculty: _____ Community Members: _____											
Approval requested for: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Both		How much Beer: _____ <input type="radio"/> bottles <input type="radio"/> cases									
		How much Wine: _____ <input type="radio"/> bottles <input type="radio"/> cases									
Will Beer and/or Wine be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If YES, attach service agreement if no-host bar service not provided/served Chartwells</i>									
Is Chartwells providing the Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, then who is providing the Alcohol? _____</i>		Is it being donated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Contact your UACE event professional to secure the donated wine.</i>									
Is Chartwells serving the Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, then who is serving the Alcohol? _____</i>		If donated, indicate donor: <i>If Not, Chartwell's you are required to attach contract and ABC license. For stateside funding contract review: BSS For Corp funding contract review- contact Corp</i>									
Non-alcoholic beverages to be served (must be more than one type): _____											
Type of food to be served (food required to be offered when alcohol served): _____											
<p><i>I understand that the following conditions must be met:</i></p> <ol style="list-style-type: none"> 1. No individual under 21 years of age or persons who appear intoxicated will be served alcohol; 2. All persons serving alcohol shall be at least 21 years of age. Servers shall check valid picture identification to ensure that no guest under 21 years of age is offered or served alcohol. 3. Direct access to events where alcohol is being served must be restricted to invited guests only. No "ins and outs." 4. Non-alcoholic beverages and food must be available to all guests. 5. Alcohol shall only be consumed in designated locations, and effectively roped off to limit access. Post signage: "No Alcohol Beyond this Point". 6. Per Policy, alcohol may not be served before 4:30pm during academic terms and must cease 30 min. prior to event end time. 7. I have read and will abide by the above conditions and the Alcohol Policy. Responsible person initials: _____ 											
<p><i>I shall be present for the entire program and, on behalf of the sponsoring organization, shall be responsible for ensuring compliance with all applicable State and University regulations. I have read and agree to abide by the policies and procedures set forth by the California State University, Monterey Bay Alcohol Policy.</i></p>											
Responsible Person Printed Name: _____		Signature: _____									
Ofc. Ext.: _____ Cell number on day of event: _____		Date: _____									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Approved: _____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Vice President or Designee Printed Name</td> <td style="border: none;">Signature</td> <td style="border: none;">Division Name</td> <td style="border: none;">Date</td> </tr> </table>				Approved: _____	_____	_____	_____	Vice President or Designee Printed Name	Signature	Division Name	Date
Approved: _____	_____	_____	_____								
Vice President or Designee Printed Name	Signature	Division Name	Date								

Form filled out by

Contact number

Date

The completed form (with all approved and required signatures) must be submitted to Risk Management at least **ten (10) days prior** to the event.