

UNIVERSITY OF HOUSTON-DOWNTOWN
APPLICATION FOR ALCOHOL PERMIT

(This application MUST be submitted no later than thirty (30) days prior to the date of the event)

DATE OF REQUEST _____

NAME OF ORGANIZATION OR DEPARTMENT: _____

NAME AND DESCRIPTION OF EVENT:

CO-SPONSORING ORGANIZATION (If Any): _____

DATE OF EVENT: _____

SERVING TIME: _____ TO _____

NUMBER OF PARTICIPANTS EXPECTED: _____

LOCATION OF EVENT: _____

(All UHD facilities must be reserved and confirmed through the Community Relations and Conference Service Office. Please attach a copy of the EVENT REQUEST FORM to this application.)

TYPE AND QUANTITY OF ALCOHOLIC BEVERAGES TO BE SERVED:

COMPLETE DESCRIPTION OF ARRANGEMENTS MADE WITH FOOD SERVICE PROVIDER FOR DISTRIBUTION OF ALCOHOLIC BEVERAGES:

ADMISSION CHARGE (IF ANY): _____

VENDOR HOLDING LIQUOR LICENSE/PERMIT TO SERVE ALCOHOLIC BEVERAGES:

NAME OF VENDOR _____ DATE _____

WILL NON-ALCOHOLIC DRINKS BE AVAILABLE? YES _____ NO _____

WILL FOOD BE AVAILABLE? YES _____ NO _____

PLEASE PROVIDE A LIST OF FOOD ITEMS:

I verify by my signature that I will adhere to all University of Houston Downtown policies and procedures regarding use of facilities and alcohol on premises.

SIGNATURE: _____ DATE: _____

STUDENT ORGANIZATIONS:

UHD FACULTY/STAFF ADVISOR'S NAME: _____

UHD OFFICE/ADDRESS: _____ UHD EXT #: _____

UHD ADVISOR'S SIGNATURE: _____

I certify I have received a copy of the UHD Policy Statement and I will comply with it.

SIGNATURE: _____ DATE: _____

STAFF:

SUPERVISOR'S NAME: _____ EXT #: _____

SUPERVISOR'S APPROVAL: _____

FACULTY:

DEPT. CHAIR: _____ EXT #: _____

CHAIR'S APPROVAL: _____

APPROVAL:

- VP Student Services (Student Organizations) _____ Date _____
- VP Administration (Staff)
- VP Academic Affairs (Faculty)

- POLICE COVERAGE REQUIRED
- POLICE COVERAGE WAIVED

CONFIRMATION OF RESERVATION

UHD Community Relations & Conference Services Date _____

UHD POLICE DEPARTMENT

UHD Police Department Date _____

LIQUOR LICENSE HOLDER *** Copy of TABC Permit MUST BE SUBMITTED to Community Relations & Conference Services office AT LEAST 5 DAYS prior to date of event.

Company Name/Authorized Representative

Signature Date _____

- | | |
|-----------------|--|
| Routing: | 1) Dean of Student Affairs, VP Administration or VP Academic Affairs |
| | 2) Community Relations & Conference Services |
| | 3) UHD Police Department |
| | 4) Food/Alcohol Service Provider |
| | 5) UHD Safety Department |