

Request for Permission to Serve Alcoholic Beverages

Title of Event:				
Date of Event:			Date of Request: Must be submitted at least ten (10) business days prior to the Event	
Name of Person Submitting Request:			Email of Submitter:	
			Phone # of Submitter:	
Sponsor of Event: <small>(Name of staff or faculty member who will be present and will not drink alcohol during event)</small>			Email of Sponsor:	
			Phone # of Sponsor:	
Department or Student/Employee Organization Hosting Event:				
Purpose of Event: <small>(check all that apply)</small>	Social?	Cultural?	Educational?	Other? (describe)
Location of Event:				
Time Alcohol will be served: <small>3-hour maximum – not before 5PM and not past 10PM</small>	From: _____ am/pm		To: _____ am/pm	
Number of Guests Expected:	Students/Residents/Fellows:	Faculty:	Staff:	Non-UTHealth Guests:
What steps will be taken to ensure that alcoholic beverages will not be served to minors? (check all that apply)	Check Government Issued ID:	Hand Stamp/Wristband:	Tickets:	Other (describe):
What steps will be taken to regulate the serving of alcohol?	Tickets:	Hand Stamp/Wristband:	Cash Bar:	Other (describe):
Will there be a limit on the number of drinks served per-person? If yes, how many? <small>Recommended no more than 2</small>	_____ Yes _____ Drinks Per Person		_____ No	
Will Non-Alcoholic Beverages will be served?	_____ Yes		_____ No	
What Alcoholic Beverages will be served?	_____ Beer	_____ Wine	Other: _____	
Will food will be served?	_____ Yes		_____ No	
Will security be provided by the host facility? <small>Sponsor responsible for notifying UTPD (https://www.utph.org/index/forms/special-events)</small>	_____ Yes		_____ No	
Are bartenders/servers certified by the Texas Alcoholic Beverage Commission?	_____ Yes		_____ No	
If any attendees are not UTHealth students and/or employees, has TULIP Insurance Liability Coverage been purchased?	_____ Yes	_____ No	_____ N/A	

SIGNATURES		
I certify by my signature below that I will be present and will not drink alcohol during the entirety of this event to assist in its management in compliance with the UTHealth "Alcoholic Beverages" policy (HOOP 9).	I certify by my signature below that I have reviewed the nature of this event and ensured that it is organized in compliance with the UTHealth "Alcoholic Beverages" policy (HOOP 9).	Submit for Approval of Payment to: Vice President of Enterprise Risk Management (In reliance on the foregoing Sponsor and Dean/Designee certifications). By inter-institutional mail to UCT 1736. Send questions to uthealtherm@uth.tmc.edu .
_____ SPONSOR/TITLE	_____ DEPARTMENT (if required by school)/DATE _____ DEAN OR DESIGNEE/DATE	_____ Vice-President of Enterprise Risk Management
Date: _____		Date: _____