



Edinboro University Request for Use of Alcoholic Beverages

Event Coordinator Contact Information

Name:

Phone Number:

Email Address:

Event Information

Event Name:

Event Date:

Event Location (Building & Room):

Event Start Time:

Event End Time:

Alcohol Service Start Time:

Alcohol Service End Time:

**Service must end at least ½ hour prior to event end time*

Event description:

If alcohol will be served outside or in a public area, describe what physical barrier will be used to restrict access and consumption to the specific area:

Who can attend this event?

General Public

Edinboro Employees/Students Only

Alumni

Other, please specify:

Anticipated number of attendees:

Will there be attendees under the age of 21 present?

Yes

No

*****If yes, identification methods for those 21 and older (i.e. wrist bands, hand stamps) are required.*****

Is there an admission fee, tickets, or other purchase required to obtain alcohol?

Yes

No

*****If yes, the event requires a license from the Pennsylvania Liquor Control Board.*****

Type of alcohol to be served:

Non-alcoholic beverages to be served:

List foods that will be available:



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Vendor Information

Name of vendor providing alcohol:

Name of vendor serving or selling alcohol:

Has the serving/selling vendor completed the Commonwealth’s RAMP training? Yes No

Acknowledgement

Upon approval, I, the Event Coordinator, will submit the following to Safety & Risk Management:

- A copy of the third party's liquor liability insurance listing Edinboro University as additionally insured
- A copy of the Pennsylvania Liquor Control Board Liquor License (if applicable)

I have read and understand Edinboro University policy A001 – Sales, Service and Use of Alcoholic Beverages and agree to adhere to all rules and regulations outlined in this policy as well as all Commonwealth of Pennsylvania laws regarding the sale and service of alcohol.

Event Coordinator Signature:

Date:

Do Not Write Below This Line

Approvals

President or President’s Designee: Approved Denied

Signature: Date:

Additional Notes/Requirements:

CC: University President
 University Chief of Police
 Safety & Risk Management
 Event Coordinator
 Conference Services
 Event Location’s Building Director