

Request for Alcohol Approval
Events Involving Possession or Consumption of Alcoholic Beverages on Campus
at Appalachian State University

1. Sponsor or Hosting Organization: _____

2. Contact Person Hosting Event: _____

a. Will this person be present during the event? Yes _____ No _____

3. Contact Person Telephone #: _____ **Fax #:** _____ **Email:** _____

4. Date and Time of Event: _____

5. Nature of Event: _____

6. Expected Number of Attendees: _____

7. Nature of Alcoholic Beverages:

a. Malt beverages and/or unfortified wine? Yes _____ No _____

b. Fortified wine, spirituous liquor, and/or mixed beverages? Yes _____ No _____

***Note:** Fortified wine, spirituous liquor, and/or mixed beverages may not be sold in the Town of Boone.

c. Malt beverages and/or unfortified wine to be sold? Yes _____ No _____

***Note:** If "Yes", ABC permit is required and Event is contingent upon appropriate person or entity possessing such permit. However, campus venues at which alcoholic beverages may be sold are limited. Pursuant to State law, "No permit for the sale of malt beverages, unfortified wine, or fortified wine shall be issued" or fortified wine shall be issued" for such sale at any campus location other than "a hotel or a nonprofit alumni organization with a mixed beverages permit or a special occasion permit," or a "performing arts center() located on property owned or leased by the institution() if the seating capacity does not exceed 2,000 seats." N.C. Gen. Stat. § 18B-1006.

d. Who may attend and consume alcoholic beverages?

i. Invited guests only? Yes _____ No _____

ii. Members of the public? Yes _____ No _____

***Note:** If members of the public will be allowed to attend, an ABC permit is required to serve such persons, even if alcoholic beverages are served to attendees without charge, and the Event may not be held unless the Hosting Organization's Contact Person possesses such permit.

8. Facility Where Event is to Be Held: _____

a. Facility's Contact Person (Dean, Director, etc.) _____

b. Telephone #: _____ Fax #: _____

c. Will this person be present during the event? Yes _____ No _____

***Note:** Failure to provide the fully-executed form to the Facility's contact person by the deadline for confirming the reservation may result in cancellation of the reservation.

9. Who will be responsible for serving alcoholic beverages and ensuring that such beverages will not be served or provided to underage or intoxicated persons? _____

10. Who will be responsible for ensuring that sufficient alternative beverages (e.g., bottled water, fruit juices, or soft drinks), in the amount of at least four (4) ounces per expected attendee, will be available at the event? _____

11. Who will be responsible for ensuring that sufficient food, in the amount of at least four (4) ounces per expected attendee, will be available at the event? _____

12. Who will be responsible for ensuring that all advertising for the event will comply with the relevant provisions of the Possession and Use of Alcoholic Beverages policy? _____

13. Who will be responsible for ensuring that adequate restroom facilities will be available in close proximity to the event? _____

14. Who will be responsible for obtaining any required ABC Permit and ensuring that it is displayed at the event? _____

***Note:** The University Police require a completed copy of this "Request for Alcohol Approval Form" at **least seventy-two (72) hours in advance**. Failing to do so may result in cancellation of the event. The sponsor or host will be required to pay the expense of University Police officers to be in attendance when the nature and size of the event require greater than normal staffing on a given date, as determined in the sole discretion of the University Police Chief or that official's designee.

***Note:** Copies of this form, with all required signatures, will be provided to each person who has signed below. Failure to provide the fully executed form to the Facility's contact person by the deadline for confirming the reservation may result in cancellation of the reservation.

I certify that I have completed all of the foregoing steps. I have read and understand the University's "Possession and Use of Alcoholic Beverages" Policy, and I approve this request.

Signature: _____ Date: _____
(Hosting Contact Person)

Signature: _____ Date: _____
(Facility Contact Person)

**TO BE COMPLETED BY
Appropriate Vice-Chancellor or Vice-Chancellor's Designee**

Name: _____ Title: _____

Signature: _____ Date: _____

_____ Approved _____ Not Approved

TO BE COMPLETED BY ASU POLICE

Name: _____ Title: _____

a. Will University Police Officers be in attendance? Yes _____ No _____

Signature: _____ Date: _____