APPLICATION FOR PERMISSION TO SERVE USE AND DISTRIBUTE ALCOHOLIC BEVERAGES

1. Sponsoring Organization or Person: _______________________________________________

2. Application Submission Date: _________________________________________________

2. Contact Person:
   Name
   Position
   Address
   Phone Number and ESF/SYR Email Address

3. Type of Event: ________________________________________________________________
   Date: ___________________ Time: From ________ until ______________
   Location: ___________________ Estimated Attendance: ______________
   Event is open to whom?: ________________________________________________

4. Food and Beverages to be served:
   a. Alcoholic Beverages: Type ___________ Quantity Available: ______________
   b. Non-Alcoholic Beverages: Type ___________ Quantity Available: ______________
   c. Food: ___________________ Quantity Available: ______________

5. Financial Arrangements: (Please check appropriate box and explain)
   a.____ Event is free to participants.
   b.____ Event has an associated admission charge. (The service and/or consumption of alcohol is not permitted at events with an associated admission charge, including donations.)

   Explanation of event funding: ________________________________________________
                                                                                       ________________________________________________

6. If the event is a student club/organization sponsored event, the name and contact information of the faculty/staff advisor or faculty/staff member who endorses the event and who commits to being in attendance for the entirety of the event:

   ___________________                                                                 ______________
   Name                  Phone Number and ESF/SYR Email Address
7. Supervision of Serving of Alcoholic Beverages: (Please check appropriate box and explain.)
   a. ____ Event is being catered by Morrisville Auxiliary Corporation (MAC).
   b. ____ Event is being catered by an outside caterer.

   ____________________________________________________________
   ____________________________________________________________
   ________________________________ ___________________________
   Name of Caterer                                    Contact Person
   ____________________________________________________________
   ____________________________________________________________
   ________________________________ ___________________________
   Address of Caterer                                Phone Number/Email Address
   ____________________________________________________________
   ____________________________________________________________
   ________________________________ ___________________________
   State Liquor Authority License Number

   A copy of the one-day permit to serve beer or wine at the event obtained by the caterer must be provided
   to the Vice President for Administration (or designee) at least two (2) weeks in advance of the event or
   the event will be cancelled.

   Explanation of process for control of distribution of alcohol only to people of legal drinking age and within
   the scheduled facility, registration of guests, and advertising:
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

8. Signatures/Person(s) Responsible:
   a. For all events, the person responsible must be of legal drinking age or older.
   b. For Undergraduate Student Association and Graduate Student Association sponsored events, three
      signatures are required:
      i. The person responsible must be 21 years of age or older and must hold a formal
         position within the organization that allows him/her to plan events with alcohol.
      ii. The treasurer or president of the organization must cosign.
      iii. A faculty/staff advisor or faculty/staff member who must commit to being in attendance
           for the entirety of the event must cosign.
   c. All events must be catered by a licensed caterer having the appropriate State of New York permit
      to serve alcohol as well as adequate liability insurance. In all cases, a one-day permit to serve
      beer or wine must also be requested from the New York State Liquor Authority at least six (6)
      weeks in advance of the event. The following signatures are also required:
      i. For events catered by Morrisville Auxiliary Corporation (MAC), the signature of the
         appropriate MAC manager.
      ii. For events catered by an outside caterer, the signature of the appropriate outside
          catering manager.
I have read the “Policy Governing the Use and Distribution of Alcoholic Beverages on the ESF Campus, on ESF-Owned and/or Associated Properties, and in ESF-Designated Housing Facilities,” and understand the department/organization/entity responsibilities and liabilities in regard to ESF’s policies and in regard to federal, state, and local laws, rules, regulations, and statutes concerning alcohol and alcoholic beverages and in particular, relative to the use and distribution of alcoholic beverages. I affirm that all information reported on this form is complete and accurate.

A. Person Responsible (See Above):

__________________________  ____________________________  ____________________
Name (Printed)               Department/Student Organization  Position

__________________________  ____________________________  ____________________
Signature                   Phone                               ESF/SYR Email Address

B. For Events to be Held in the Gateway Center:

__________________________  ____________________________  ____________________
Name (Printed)               For the Physical Plant           Position

__________________________  ____________________________  ____________________
Signature                   Phone                               ESF/SYR Email Address

C. ESF-sanctioned student club/organization approval:

__________________________  ____________________________  ____________________
Name (Printed)               Name of Student Organization  Responsible Person

__________________________  ____________________________  ____________________
Signature                   Phone                               ESF/SYR Email Address

__________________________  ____________________________  ____________________
Name (Printed)               Name of Student Organization  President/Treasurer

__________________________  ____________________________  ____________________
Signature                   Phone                               ESF/SYR Email Address

__________________________  ____________________________  ____________________
Name (Printed)               Name of Student Organization  Advisor

__________________________  ____________________________  ____________________
Signature                   Phone                               ESF/SYR Email Address

D. For events to be hosted by ESF-sanctioned student clubs and organizations, a review by the Dean for Student Affairs (or designee) is required before seeking approval from the Vice President for Administration (or designee)

__________________________  ____________________________  ____________________
Name (Printed)               Signature and Date                Dean for Student Affairs
                                       Title

1/2018
E. Caterer

___________________________  _____________________________  _____________________________
Name (Printed)  Name of Caterer  Phone

___________________________
Signature  Email Address

F. ESF University Police

___________________________  ______________
Name (Printed)  Signature / Date  Chief, University Police

G. Review by the Vice President for Administration (or designee):

An initial review will take place when this completed form is submitted. Tentative approval will be granted (or not) by the Vice President for Administration (or designee), and if approved, additional planning by the event sponsor(s) may take place. Advertising for the event should not be undertaken until tentative approval from the Vice President is received.

TENTATIVE APPROVAL: __________________________________________

NOT APPROVED: ________________________________________________

DATE: ________________________________________________________

Upon receipt of the copy of the one-day Caterer’s Permit, the Vice President for Administration (or designee) will provide final approval (or not) for the event and will communicate this approval to the appropriate offices on campus.

FINAL APPROVAL: _____________________________________________

NOT APPROVED: ________________________________________________

DATE: ________________________________________________________