## Martin Luther King, Jr. University Union EASTERN ILLINOIS UNIVERSITY\*\*

Director (signature):

## REQUEST FOR ALCOHOLIC BEVERAGES

Campus Scheduling Office Attn: Alcohol Service 600 Lincoln Avenue Charleston, IL 61920-0399 Phone: (217)581-2819

Phone: (217)581-2819 Email: mmkiser@eiu.edu

Date of Request:	Tuna of Comica.
Masting Information	Type of Service: ☐ Cash Bar
Meeting Information:	
Type of event:	
Sponsoring Organization:	
Location (Must already be confirmed through Campus Scheduling):	
Date of Event: Time of Bar:am/pm	toam/pm (Time of Bar not to exceed 11:30pm)
Estimated Attendance: Number of participants over as	ge 21:
THIS ENTIRE FORM MUST BE COMPLETED, AT LEAST TWO (2) WEEKS PRIOR TO THE	
There is to be no reference made to alcohol on any invitation	on, announcement, or advertisement.
Doing so could result in the cancellati	
AdditionalComments:	v
UNIVERSITY ACCOUNTS MUST COMPLET BEFORE RETURNING THIS FORM TO THE CAME Department or Office Responsible for Activity:	ETE THIS SECTION PUS SCHEDULING OFFICE
University Account Number:	Account Title:
Person Responsible for Activity (print name):	
Fiscal Agent (signature):	
Chair/Dean/Director (signature):	Date:
Vice President (signature):	
Vice President Student Affairs (signature):	Date:
<ul> <li>The University Union reserves the right to preview any announcements of appropriate suggestions.</li> <li>The University Union reserves the right to request proper identification for the University Union reserves the right to request proper identification for the University Union reserves the right to request proper identification for the University Union reserves the right to preview any announcements of appropriate suggestions.</li> </ul>	from participants.
The person whose name appears below must be in attendance for the dur and control of persons attending this event.	·
<ul> <li>Bar receipts for all activities at which alcoholic beverages are served mu additional hour. If the minimum is not reached, the organization will be</li> </ul>	billed for the difference.
<ul> <li>Service Criteria: 1) Have a minimum attendance over age 21 of 25 attendevents outside the Union.</li> </ul>	
<ul> <li>Delivery Fee: There is a \$50 delivery fee for all alcohol services requeste</li> </ul>	ed outside the Union.
<ul> <li>All open bar events will be charged a 15% gratuity.</li> </ul>	
Events planned for university employees may begin alcohol services after	÷ • • • • • • • • • • • • • • • • • • •
<ul> <li>I have read and understand the University Union "Standard of User Resp</li> </ul>	oonsibility"
Applicant's Signature:	E-Mail:
Print Applicant's Name:	Phone Number:
Address:	
Street Address City	State Zip
OFFICE USE ONLY	
Assistant Director (signature):	Date:
Approved: Denied: Reason for Denial:	

\_\_\_\_\_ Date: \_\_\_\_\_