

UNIVERSITY of  
**HOUSTON**

STUDENT AFFAIRS & ENROLLMENT SERVICES

Dean of Students Office

**Registration of Alcoholic Beverage Distribution**

**NOTE:** This form must be completed and returned to the Dean of Students Office (Student Center South, room 256) *at least fifteen (15) business days in advance of the event* for which alcohol is being served in order to give adequate time for processing.

1. Date form submitted \_\_\_\_\_

2. Name of individual, organization, department registering alcohol use:

\_\_\_\_\_

**Affiliation** (please check)

- Student organization. Advisor's name: \_\_\_\_\_  
Is this a registered student organization with the Center for Student Involvement?  Yes  No
- University department/entity. Vice President/Dean/Chairperson/Manager: \_\_\_\_\_
- Not affiliated with the University (off-campus individual or group)

3. Name and description of function at which you are serving alcoholic beverages

4. Weekday \_\_\_\_\_ Calendar date \_\_\_\_\_ Starting time \_\_\_\_\_ Time ending \_\_\_\_\_

5. Location of Event \_\_\_\_\_

a. Has this location been reserved through the Student Centers Conference and Reservations Office?

- Yes  No  Not applicable

b. Has an alternate location been arranged in case of rain?

- Yes  No  Not applicable

If yes, what location? \_\_\_\_\_

6. Expected attendance (#) \_\_\_\_\_ (NOTE: The University may require that you have University police officers present, at your expense, at events where alcohol is served. Factors to be considered include expected attendance, amount of alcohol to be served, and group's previous events. The University of Houston Police Department needs to be contacted *at least fifteen (15) business days* in advance of the event.)

7. To whom is the event open? (please check all that apply)

- members of the organization/entity serving the alcohol
- members and their invited guests
- the public in general
- the University community in general
- other target population (please describe)

8. Will persons under lawful drinking age be permitted to attend this event?  Yes  No  
What provisions have you made for ensuring that no alcoholic beverages will be served to/consumed by persons under age?

carding at serving area

Carders 1. \_\_\_\_\_ 2. \_\_\_\_\_

carding at door/stamping hands of legal drinkers

having legal drinkers wear wristbands

other \_\_\_\_\_

9. What alcoholic beverages will be served?

beer

wine

distilled spirits

mixed drinks

other \_\_\_\_\_

What quantity will be served? \_\_\_\_\_

Servers 1. \_\_\_\_\_ 2. \_\_\_\_\_

10a. Admission charge (if any) \_\_\_\_\_

10b. Will any portion of the admission charge (if applicable) be used to pay for any portion of the cost for the alcoholic beverages?  Yes  No

11. Will all alcoholic beverages be available at no charge?  Yes  No

If no, identify the holder of a valid alcoholic beverage license/permit.

License/Permit #: \_\_\_\_\_ Name of holder: \_\_\_\_\_

Attach photocopy of license/permit if using off-campus catering service.

12. Will non-alcoholic soft-drinks be available?  Yes  No

If yes, list \_\_\_\_\_

Will there be a charge for these?  Yes  No

13. Will food items be available?  Yes  No

If yes, list \_\_\_\_\_

Will there be a charge for these?  Yes  No

14. Your name \_\_\_\_\_ SSN/PeopleSoft # \_\_\_\_\_

Position/title \_\_\_\_\_ Telephone # \_\_\_\_\_

Your Address \_\_\_\_\_

15. UH Faculty/Staff Advisor, Dean or Chairperson name: \_\_\_\_\_

UH Address: \_\_\_\_\_ UH extension #: \_\_\_\_\_

Will advisor, dean or chairperson named above be attending the event for which this registration is submitted?  Yes  No

I agree to comply with federal, state, and local laws regarding the distribution, possession, and consumption of alcoholic beverages. I have been given a copy of the UH alcohol beverage distribution policy and regulations, and I will make sure that they are enforced. I will have a signed copy of this Registration of Alcoholic Beverage Distribution Form available at the event as proof that it was obtained. I understand that information submitted herein will be relied upon by the UH Dean of Students office to determine if distribution procedures are being followed. I certify that the information in this registration form is complete and correct. I understand that the submission of false information and/or failure to follow federal, state, and local laws and university policies and procedures are grounds for appropriate disciplinary action. I understand that the Dean of Students or designee's signature is not confirming room reservation or police request. These must be done separately. I understand the signature simply reflects an acknowledgement that alcohol is being served according to UH Policy. The University accepts no liability.

\_\_\_\_\_  
Signature of person submitting request

\_\_\_\_\_  
Date

Dean of Students Office Use Only

\_\_\_\_ Registration Accepted

\_\_\_\_ Registration Rejected

\_\_\_\_ Police Coverage Required

\_\_\_\_ Police Coverage Waived

(See attached Police Request Form)

Additional Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Dean of Students Designee \_\_\_\_\_

Group Contacted (date) \_\_\_\_\_ Group pick-up their copy (date)

\_\_\_\_\_