

University of Houston

Registration of Alcoholic Beverage Distribution

Dean of Students Office

NOTE: This form must be completed and returned to the Dean of Students Office (University Center, Room 252) *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 Department of Campus Activities? 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

Frontier Fiesta Cook-Off/Chili Site

4. Weekday Th/Fr/Sat Calendar date 3/22-3/24 Starting time Th/Fr 5pm Sat 9am Time ending Th 11pm Fr/Sat 12am

5. Location of Event Parking Lot 12A and 12B University of Houston

a. Has this location been reserved through the UC 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. 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)

- 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 Wristbands will be given to people of age at the Frontier Fiesta Gates

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) None

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: Aramark

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

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

If yes, list Coke Products, Water

Will there be a charge for these? Yes No

13. Will food items be available? Yes No

If yes, list Various options

Will there be a charge for these? Yes No

14. Your name _____

Position/title _____ Telephone # _____

Your Address _____

15. UH Faculty/Staff Advisor, Dean or Chairperson name: N/A

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 designate's signature is not confirming room reservation or police request. These must be done separately. I do 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 Designate _____

Group Contacted (date) _____ Group pick-up their copy (date)
