

**ALCOHOL USE REQUEST  
Department**

Department: \_\_\_\_\_ Request Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Dept. Acct: No: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Time: From \_\_\_\_\_ pm / \_\_\_\_\_ pm Event No: \_\_\_\_\_

Event Location: \_\_\_\_\_ Attendance: \_\_\_\_\_

- Attending:  Department Members Only  
 Department Members and Invited Guests  
 General Public  
 University Community

Alcoholic beverages being served:  Beer  Wine  Distilled Spirits

Will persons under lawful drinking age be in attendance?  Yes  No

Host Bar  Yes  No Cash Bar  Yes  No

I hereby agree to ensure compliance with all applicable State Laws and UNT Policy on alcohol use. I further understand that I and/or the entity that I represent may be held liable for any damages to UNT property occurring from this event.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Residence:  \_\_\_\_\_ Work:  \_\_\_\_\_

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Denied  Approved Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Vice President

**Return completed form to Event Planning & Scheduling Services, University Union RM 418,  
Fax: (940) 369-5476**

**UniversityUnion.SchedulingOffice@unt.edu**

Distribution by Event Planning & Scheduling Services: Police Department, Risk Management,  
Building Representative, Applicant