

University of Nebraska at Omaha  
Alcohol Service Request Form

Name of Event: \_\_\_\_\_

Sponsoring Organization or Person: \_\_\_\_\_

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

Name and title of sponsor's representative who will also attend this event:  
\_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event (starting & ending times): \_\_\_\_\_

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

Number of persons expected to attend: \_\_\_\_\_ Are guests under 21 expected?: \_\_\_\_\_

Will food be served? Yes \_\_\_ No \_\_\_

What type of food function is planned: Hors D'oeuvres or Luncheon/Dinner \_\_\_\_\_

Will non-alcoholic beverages be served? Yes \_\_\_ No \_\_\_

What type of bar is planned: Wine & Beer or Full Bar \_\_\_\_\_

Who will be responsible for the service of alcoholic beverages?  
\_\_\_\_\_

Will alcohol be served at a cash bar or will drink tickets be sold? Yes \_\_\_ No \_\_\_

How will you ensure that minors will not be served or consume alcoholic beverages?  
\_\_\_\_\_

The following persons certify that the above mentioned event satisfies all institutional policies on the service of alcoholic beverages, all local ordinances and the Nebraska Liquor Control Act. Please sign and date below:

\_\_\_\_\_  
Sponsor's Representative      Date

\_\_\_\_\_  
Facility Administrator      Date

\_\_\_\_\_  
Dean/Director      Date

\_\_\_\_\_  
Chancellor  
or Designee      Date

Request Approved \_\_\_  
Request Denied \_\_\_  
Date: \_\_\_\_\_