

**University of Nebraska at Omaha
Alcohol Service Request Form**

Name of Event: _____ Date Submitted: _____

Sponsoring Organization or Person: _____

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

Address: _____ Phone: _____

Date of Event: _____ Time of Event (starting & ending): _____

Event Location: _____ Number of persons expected to attend: _____

Are guests under 21 expected? _____ Will non-alcoholic beverages be served? Yes ___ No ___

Will food be served? Yes ___ No ___ What type of food function is planned: _____

What type of bar is planned: Wine & Beer, Full Bar _____

Who will be responsible for the service of alcoholic beverages? _____

Will alcohol be served at a "host bar" (no charge, no "tickets" for drinks) 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 or Director Date

Asst. Vice Chancellor for Business & Finance - Date
or Designee

Please return completed form to Denise Kjeldgaard, Director of Auxiliary Services:
dkjeldgaard@unomah.edu or MBSC RM216

Request Approved ___ Request Denied ___ Date: _____