University of Nebraska-Lincoln
Alcohol Services Request Form

For Office Use Only
Category 1 ☐ Category 2 ☐
Request Approved ☐
Request Denied ☐
Date:

Facility (please check one):

Champions Club ☐ City Campus Union ☐ East Campus Union ☐ Lied Center ☐
Schorr Suite ☐ Sheldon Art Gallery ☐ Skybox ☐ State Museum ☐
Visitors Center ☐ Wick Center ☐ Other ☐ (specify)_____

(PLEASE TYPE OR PRINT LEGIBLY)

Name of Event:

Sponsoring Organization or Person: Date Submitted:

Address: Telephone:

Number of persons expected to attend: Number of persons under 21 expected:

Date of Event: Time of Event (indicate starting and ending times):

Will food be served? Yes ☐ No ☐ If yes, list what foods will be served:

Will non-alcoholic beverages be served? Yes ☐ No ☐ If yes, list what non-alcoholic beverages will be served:

List what alcoholic beverages will be served: (note: Keg beer is not allowed in the Lied Center)

Who will serve the alcoholic beverages?

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

Will the event be open to the public? Yes ☐ No ☐ If, no, explain how guest list was determined:

Will there be a charge for attendance for this event? Yes ☐ No ☐ If yes, explain breakdown of charges:
Food **$** Entertainment **$** Contributions **$** Alcoholic Beverages **$**

CASH BAR? YES ☐ NO ☐

If a special designated permit is required, which approved caterer will provide and serve the alcoholic beverage?

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

The following persons certify that the above mentioned event satisfies the 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 (Required to attend event) Date

_____ _____
Dean/Director Date Cognizant V.C., Chancellor or Designee Date

_____
VCBF (for Category 2) Date