

## 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 wh	no will also attend this event:
Address:		Phone:
Date of Event:	Time of	of Event (starting & ending):
Event Location:		
Number of persons expec	ted to attend:	Are guests under 21 expected?
Will non-alcoholic beverag	ges be served? Yes	s No Will food be served? Yes No
What type of food function	ı is planned:	
What type of bar is planne	ed: Wine & Beer, Fu	ull Bar
Who will be responsible for	or the service of alco	oholic beverages?
	•	arge, no "tickets" for drinks) Yes No erved or consume alcoholic beverages?
		oned event satisfies all institutional policies on the service of lebraska 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
guarantee that alcohol will be	e served at your even er at least three full we	t Omaha's approval for alcohol service; however, it does not nt. To complete the process, the event planner must also contact eeks prior to the event to initiate the alcohol permit application
after the form has been signed	ed by Sponsor's Repre	on@unomaha.edu, Eppley Administration Building, Suite 209 resentative, Facility Administrator and Dean or Director. She will i/ice Chancellor for Business & Finance.

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