

**NCCU**  
**ALCOHOLIC BEVERAGE PERMIT**  
**AND STATEMENT OF RESPONSIBILITY**

*Please Print Legibly*

1. Name of Function (or its purpose) \_\_\_\_\_
2. Name of Sponsoring Unit (Organization, Department, etc.)  
\_\_\_\_\_
3. Date of Application \_\_\_\_\_
4. Date of Planned Activity/Event \_\_\_\_\_
5. Time of Event -           Begin \_\_\_\_\_       End \_\_\_\_\_
6. Location of Event \_\_\_\_\_
7. Will Students be present? Yes \_\_\_\_\_ No \_\_\_\_\_
8. How will you ensure that minors will not be served?  
\_\_\_\_\_  
\_\_\_\_\_
9. Hours alcohol will be served -   Begin \_\_\_\_\_       End \_\_\_\_\_
10. Are there tickets to control the number of drinks for attendees? Yes \_\_\_\_\_ No \_\_\_\_\_
11. How will the tickets be disbursed? \_\_\_\_\_
12. Security Arrangements \_\_\_\_\_
13. Sponsor or Advisor who will be working with event:  
  
Name \_\_\_\_\_  
  
Title \_\_\_\_\_  
  
Office Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
  
Email \_\_\_\_\_

I/We acknowledge and accept all the regulations stated in the Alcoholic Beverages Policy and understand that I/we am/are responsible for the activity and conduct of all participants including invited guests.

I/We accept the responsibility for the cleaning of the facility after the event as well as repairs of any damages that may occur. I/We understand that my/our account will be billed for the cost of additional cleaning and repairing of any damage to the facilities which result from my/our scheduled event.

I/We further understand that the University is not encouraging the consumption of alcoholic beverages, but simply providing a facility where beer or unfortified wine (up to 14% alcohol content by volume) may be consumed in a reasonable manner and in conjunction with an organized special function of the University. The breaking of this agreement will result in the revocation of my/our rights to seek future permission to hold activities where alcoholic beverages can be consumed and sanctions against offending individuals or groups.

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Signature of Student Sponsor or Group

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Signature of Advisor of Organization

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Signature of the Vice Chancellor for Student Affairs

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Signature of Director of Food Service (*where applicable*)

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Signature of Residence Operations (*where applicable*)

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Signature of Director of Student Union (*where applicable*)

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DO NOT WRITE IN THIS SPACE  
Control Information

	Chancellor		VCSA	
	VCAA		VCUR	
	VCFA			

Revised as approved by the VC for Student Affairs  
8-5-16