**Alcohol Event Request Form:**

**Event Requestor:**

1. NJIT Sponsor Name:
2. Department:
3. NJIT Sponsor Contact Information:
4. Phone:
5. NJIT email address:
6. Will Sponsor be at the event?
7. Purpose of the event. Please describe:

**Event Details:**

1. Anticipated total number of guests:
2. Is this event associated with Fundraising or a Development and Alumni Relations supported event?
3. Are there fees being charged to attend this event?
4. Time and Date of Planned Event:
5. Please confirm there will also be non-alcoholic beverages and food served at such event?
	1. Identify the type of food and non-alcoholic beverages which will be served.
6. Who will be attending such an event?
7. Are all invited guests over 21 years of age?
8. If guests are both over 21 and under 21, how will the server enforce age restrictions? Examples: bracelets, glassware, tickets etc.
9. Will alcoholic beverages be limited to a specific number per person?
10. Limited to University constituency by invitation only?
11. Open to all University constituencies?
12. Not limited to a particular university constituency, but by invitation only?
13. Will there be outside guest speakers or otherwise invited?
14. Will there be outside guests invited?

**Location:**

(11) Is the event on the NJIT Newark Campus? If so, GDS dining must be used.

If event is off-campus please complete this section:

(12) Location of the event:

(13) How many TIPS trained and certified alcohol servers will be at such an event?

**Approvals:**

Please have this form completed and signed before submitting to \_\_\_\_\_\_\_\_\_\_ for University approval.

Sponsor: Title:

Signature: Date:

General Counsel/Human Resources/Risk Management/Budget Review and Approval:

General Counsel Initial:

Human Resources Initial:

Risk Management Initial:

Budget Initial:

Division/College Head:

Name: Title:

Signature: Date:

Area Vice President:

Name: Title:

Signature: Date: