



UNIVERSITY OF MISSOURI

REQUEST TO USE ALCOHOLIC BEVERAGES ON UNIVERSITY PROPERTY

Process for external catered events and non-catered events: Return completed form for approval of number 8 to maxwellm@missouri.edu or mail to 305 Jesse Hall. If an external caterer is being used submit request not less than two weeks in advance to allow sufficient time to confirm compliance with legal requirements. Reference BPPM 1:080

- For external (non-University) caterers, all individuals serving must be SMART-certified.
Copy of caterer's picnic license for the specific event.
Proof of insurance (including liquor liability) naming The Curators of the University of Missouri as additional insured must be provided not less than two weeks prior to event.
If University funds are being used to retain external caterer, copy of contract signed by properly delegated university contracting officer must also be provided not less than two weeks prior to event.
For groups larger than 100, not less than 1 SMART-certified bartender/server is required per 100 guests.
For groups of 300 or more guests, or if underage guests will be in attendance, sponsoring Department/Organization must notify University of Missouri Police in advance and comply with any additional security requirements which may be needed.

Process for University Catering & Event Services events: Return completed form, except for number 8, to your Event Planner with University Club and Catering. Request must be submitted at least two weeks prior to the date of intended use. Any application received after the deadline by University Catering, a \$50 late fee will be applied.

Liquor Liability:

Anyone who serves alcoholic beverages on a University of Missouri Campus or when contracted for service at a University-sponsored event must provide liquor liability coverage. This should be written on an "occurrence basis" and have limits not less than \$1,000,000 aggregate. The insurance carrier, policy number, effective date and limits should be shown on an insurance certificate provided to the University of Missouri. The Curators of the University of Missouri should be named as an Additional Insured on such policy and a copy of the endorsement should be provided along with the certificate of insurance.

1. LOCATION OF PROPOSED ACTIVITY _____

2. DATE OF THE EVENT _____ TIMES: _____ / _____
From To

PLEASE NOTE: All alcohol service must end at 12:00 a.m. due to liquor laws/University Regulations.

3. DESCRIPTION OF THE EVENT

- Name of Event _____
Purpose of event _____
Type of alcohol to be served _____
Description of foods to be served _____
Description of non-alcohol beverage served _____
Funding source for purchase of the alcohol _____
(i.e. gift funds, admission charges, etc.) NOTE:BYOB EVENTS ARE NOT PERMITTED
Is alcohol being catered for this event? Yes _____ No _____
If yes, the below must be completed

Name of Business/Caterer _____

Catering Representative Signature _____

Printed Name

Phone Number

4. PRIMARY GROUP THAT WILL BE ATTENDING EVENT

- _____ Faculty/Staff _____ Students _____ Other (please specify)
- Estimated attendance _____
- Will there be underage guests present? Yes _____ No _____
If yes, who will be responsible for verifying age (i.e., carding) to ensure compliance with applicable liquor laws? _____

5. DEPARTMENT OR ORGANIZATION MAKING APPLICATION

Name of Person Submitting Request _____ Email Address _____

Department or Organization Name _____ Phone Number _____

6. RESPONSIBLE PERSON AT THE ACTUAL EVENT

All persons attending the activity must comply with applicable federal, state and University regulations. I accept personal responsibility for ensuring that University policy and state laws governing use of alcoholic beverages are complied with, and accept financial responsibility for the activity.

Signature of Person Responsible _____ Printed Name & Email Address _____

Address of Person Responsible _____ Phone # _____ Date _____

7. The use of alcoholic beverages at the proposed activity is: _____ APPROVED _____ NOT APPROVED

Building Coordinator Signature _____ Phone # _____ Date _____
Printed Name _____

8. The use of alcoholic beverages at the proposed activity is: _____ APPROVED _____ NOT APPROVED

Vice Chancellor for Operations Designee _____ Date _____
Printed Name _____
Copy of Caterer's License Received _____ Date _____ MU Representative Signature _____
Copy of Proof of Insurance/Liquor Liability Received _____ Date _____ MU Representative Signature _____