

ALCOHOL PERMIT APPLICATION

Complete and return to:

Veronica Ashcroft, Associate Director Abraham Campus Center 1950 Third St La Verne, CA 91750-4401 or Email to:

vashcroft@laverne.edu

Name of event:				
Description of event:				
Date of event:				
Total number of attendees:	Est. over age 21:	Est. und	ler age	21:
Location(s) of event:				
Event Purpose (refer to Alcohol Perr	nit Policy section 9f):			
EVENT HOST INFORMATION				
Legal name of organization:				
Contact Person's Name:				
Contact Person's Title:				
Email:				
Is this a University of La Verne - spo	onsored event?	Yes	No	(please circle)
UNIVERSITY SPONSOR (If differer	nt than the above conta	ct information)		
Sponsoring department or University	y organization:			
University Faculty or Staff Sponsor	Name:			
University Faculty or Staff Sponsor	Гitle:			
Email:	Phoi	ne:		

CHECKLIST for Event Host / Sponsor:

Non - ULV	* ULV	*Items shown as N/A do not apply to ULV-sponsored events.	
		Event Host / Sponsor has read application packet and agrees to abide by all terms including Permit Guidelines.	
	* N/A	Event Host / Sponsor have attached Certificate of Liability Insurance to Application.	
		Event Host / Sponsor has received & attached required information from Liquor Service Provider and Food Service Provider.	

Event Host / Sponsor Name	Event Host / Sponsor Title
Event Host / Sponsor Signature	Date
All of the following signatures	must be obtained in order
Veronica Ashcroft, Associate Director, Abraham Campo	us Center (ext. 4912) Date
Café Bon Appétit Catering (One of the following: Richard Rodriquez/Lalania	(ext. 4315) Date a Bidwell/Justin Alarcon)
Alex Soto, Director of Risk Management	(ext. 4516) Date
Senior/Associate Director of Campus Safety & Trans	sportation (ext. 4950) Date
Ruby Montano-Cordova, Associate Dean, Student A	ffairs (ext. 4770) Date
Clive Houston-Brown, V.P., Facilities, Technology & Human Resour	(ext. 4122) Date