## University of LaVerne Alcohol Permit Application

**Complete and return to:** Veronica Ashcroft, Director **Abraham Campus Center** 1950 Third St La Verne, CA 91750-4401

or Email to: vashcroft@laverne.edu

## **EVENT INFORMATION**

Name of event:				
Description of event:				
Date of event:				
Γotal number of attendees:	Est. over age 21:	Est. u	nder age	21:
Location(s) of event:				
Event Purpose ( <u>refer to Alcohol P</u>				
EVENT HOST INFORMATION				
Legal name of organization:				
Contact Person's Name:				
Contact Person's Title:				
Email:				
Is this a University of La Verne -	sponsored event?	Yes	No	(please circle)
UNIVERSITY SPONSOR (If diffe	erent than the above contac	ct information	1)	
Sponsoring department or Univer	rsity organization:			
University Faculty or Staff Spons	or Name:			
University Faculty or Staff Spons	or Title:			
Email:	Phor	ie:		

**CHECKLIST for Event Host / Sponsor:** 

Event Host / Sponsor has read application packet and agrees to abide by including Permit Guidelines.  * N/A Event Host / Sponsor have attached Certificate of Liability Insurance to	all terms
* N/A Event Host / Sponsor have attached Certificate of Liability Insurance to	
	Application.
Event Host / Sponsor has received & attached required information from Service Provider and Food Service Provider.	ı Liquor

Event Host / Sponsor Name Event Host / Spon		nsor Title	
Event Host / Sponsor Signature		Date	
*All of the following signatures	must be obtained in order*		
Veronica Ashcroft, Director, University Scheduling, Evo	ents & ACC (ext. 4912)	Date	
Café Bon Appétit Catering (One of the following: Beck Farraj/Amanda Gonzales/	(ext. 4315) (Justin Alarcon)	Date	
Ruben Ibarra, Director of University Safety Operati	ons (ext. 4959)	Date	
Alex Soto, Director of Risk Management	(ext. 4516)	Date	
Juan Regalado, Chief Student Affairs Officer	(ext. 4448)	Date	