

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:				
Total number of attendees:	_ Est. over age 21:	Est. und	er age 2	1:
Location(s) of event:				
Event Purpose (<u>refer to Alcohol Pern</u>	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	nsored event?	Yes	No	(please circle)
UNIVERSITY SPONSOR (If differen	t than the above contac	ct information)		
Sponsoring department or University	organization:			
——————————————————————————————————————				
University Faculty or Staff Sponsor T	Г itle :			
Email:				

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 signature	rs must be obtained in order	
Veronica Ashcroft, Director, University Scheduling, E	vents & ACC (ext. 4912)	Date
Café Bon Appétit Catering (One of the following: Anthony Lopez / Gilbert Talbot /	(ext. 4315) Justin Alarcon)	Date
Ruben Ibarra, Director of University Safety Opera	tions (ext. 4959)	Date
Alex Soto, Director of Risk Management	(ext. 4516)	Date
Juan Regalado, Chief Student Affairs Officer	(ext. 4448)	Date