ALCOHOL PERMIT APPLICATION

Complete and return to:

Jim Brooks, Associate Director
Abraham Campus Center
1950 3rd St
La Verne, CA 91750-4401

Or Fax to: (909) 392-2705
Or Email to: Events@laverne.edu

EVENT INFORMATION

Name of event: _______________________________________________________________

Purpose of event: _______________________________________________________________

Date of event: ______________________ Start time: __________ End time: ___________

Total number of attendees: ________ Est. over age 21: ________ Est. under age 21: ________

Location(s) of event: ____________________________________________________________

Description of Event: ____________________________________________________________

EVENT HOST INFORMATION

Legal name of organization: _______________________________________________________

Contact Person’s Name: __________________________________________________________

Contact Person’s Title: ___________________________________________________________

Email: ___________________________ Phone: ___________________________

Is this a University of La Verne - sponsored event? Yes No (please circle)

UNIVERSITY SPONSOR

(If different than the above contact information)

Sponsoring department or University organization:

__________________________________________________________

University Faculty or Staff Sponsor Name: __________________________

University Faculty or Staff Sponsor Title: __________________________

Email: ___________________________ Phone: __________________________

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July 2013 Alcohol Permit Application
CHECKLIST for Event Host / Sponsor:

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

Event Host / Sponsor Signature       Date

*All of the following signatures must be obtained*

Jim Brooks, Associate Director, Abraham Campus Center       (ext. 4913)       Date

Rebecca Faraj, Catering Captain, Bon Appetit       (ext. 4315)       Date

Alex Soto, Director of Risk Management       (ext. 4516)       Date

Stan Skipworth, Director of Campus Security       (ext. 4959)       Date

Clive Houston-Brown, Assoc. VP for FTS & CIO       (ext. 4122)       Date