



MONTANA STATE UNIVERSITY NORTHERN

REQUEST FOR ALCOHOLIC BEVERAGE SERVICE

Date of Request _____

REQUESTER INFORMATION

Name of Event _____

Date of Event _____ Time of Event _____ Number Attending _____

Campus Location of Event _____

Organization _____ Phone _____

Organization Contact _____ Email _____

Address _____ City, State _____ Zip _____

VENDOR INFORMATION

Name of Licensed Vendor _____ Permit # _____

Food Provided per State Code (Reference) _____

Underage Monitoring per State Code (Reference) _____

____ (Initial) It is the Vendor's responsibility to supply ALL containers needed for dispensing of beverages purchased from their establishment at the event. i.e. wine glasses, beer glasses, etc.

____ (Initial) It is the Vendor's responsibility to bus/clear/clean tables at the event of single use containers purchased from their establishment. i.e.: empty beer cans/bottles, bottle caps and can tabs, cups for drinks, stir sticks, serving napkins, etc.

The MSU-Northern catering staff are not allowed to remove any containers or get alcoholic beverages from the vendor per catering service policy.

Compliance with state regulations is the sole responsibility of the licensed vendor listed above. The vendor hereby agrees to abide by these regulations while on MSU-Northern's campus.

Vendor Name (Print) Signature Date

AUTHORIZATION

I hereby request permission for alcoholic beverages to be served at the above event. I verify that I (or my designee) will be present and sober for the entirety of the event.

Requestor Name (Print) Signature Date

Approved ____ Disapproved ____

Chancellor, Montana State University-Northern Date

Return form to: beveragerequest@msun.edu