

**Western Carolina University
Application for Alcoholic Beverage Service**

Event & Purpose: _____

Date of Event: _____ Estimated Attendance: _____

Applicant/Sponsor Organization (check one):

WCU Academic Unit

WCU Administrative Unit

Officially Recognized Student
Organization

Officially Recognized WCU Affiliated
Agency/Organization

Organization's Representative: _____

Sponsoring Department (Agency): _____

Campus Address: _____ Telephone: _____

Alcoholic Beverage Funding Account: (Non-State Funds, Nor Receipts) _____ - _____
(Must receive permission from Chancellor's Office to use account for alcohol purchase)

Food Service Funding Source: _____

Budget Code (Food): _____

Accountable Officer Signature: _____

Location at which alcoholic beverages are to be served and consumed (check one):

University Center: *Club Illusions* *Grand Room* *Green Room*

Madison: *Meeting Rooms* *Meeting Rooms Lobby* *Patio*

Ramsey Regional Activity Center: *Concourse* *Hospitality Room* *Main Arena*
Immediate Environs

University Outreach Center: *Dining Room (& lawn)* *Room 143*
Lobby (& outside entrance)

Jordan-Phillips Fieldhouse: *Tom Young Room* *Patio*

Bird Alumni House: *Rooms*

Fine and Performing Arts Center: *Rehearsal Hall* *Other Room* _____

Event Type (check one):

Banquet Reception Other Special Occasion

If other special occasion, please describe: _____

Type(s) of food being served: _____

Event Times:

Beginning _____ Ending _____

Alcohol Serving Time (*w/out meal - may not exceed 1 hour*):

Beginning _____ Ending _____

Time for Planned Food Service:

Beginning _____ Ending _____

Type of Alcoholic Beverages to be Served:

Malt Beverages Unfortified Wine/Champagne

Will any person less than 21 years of age be attending the function, regardless of their being solicited or invited? Yes No

If yes, please explain the steps that you as hosting organization will take to assure that persons less than 21 years of age will not be served and will not consume alcoholic beverages (attach additional sheet if necessary):

I have read the attached Western Carolina University Special Occasion Alcoholic Beverage Service Policy, and this application is submitted with the understanding and agreement that as the authorized organizational applicant/sponsor I (we) accept responsibility for compliance with this policy and N.C. G.S. Chapter 18B. I (we) further agree to accept financial responsibility for all fees, charges and damages assessed by the University in connection with this event.

Signature of Authorized Organization Representative

Date

