Form A

REQUEST TO SELL ALCOHOLIC BEVERAGES
ON THE UNIVERSITY OF ILLINOIS AT SPRINGFIELD CAMPUS

Requesting unit should submit form to Associate Chancellor for Public Affairs.

Name of event: _____

Unit Sponsoring event: _____

Alcoholic beverages will be served as follows:

Date	Time	Location	Number of Participants
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Permission to serve alcoholic beverages is based on the following criterion;

- ☐ **This is an educational activity**.
- ☐ **This is a cultural activity**.
- ☐ **This is a political activity**.
- ☐ **This is an entertainment/athletic/social activity**.

Please describe the nature of activities occurring at the planned activity:

_____

_____

Specify the account name and number from which payment for alcoholic beverages will be made:

_____

Submitted by SPONSOR

_____ Date: _____

Approval Recommended by DIVISION HEAD

_____ Date: _____

APPROVED by ASSOCIATE CHANCELLOR FOR PUBLIC AFFAIRS

_____ Date: _____

Remarks: _____

_____

_____

* * PLEASE RETURN COMPLETED FORM TO FOOD SERVICES, STU 214 * *