Form B

REQUEST FOR POSSESSION AND CONSUMPTION (NOT SALE)
OF ALCOHOLIC BEVERAGES
ON THE UNIVERSITY OF ILLINOIS AT SPRINGFIELD CAMPUS

Reminder: If alcohol is to be **sold, directly or indirectly,** do not request approval on this form, use **Form A.**

Name of event: _____

Unit sponsoring event: _____

Purpose: _____

Alcoholic beverages will be possessed or consumed as follows:

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

Permission to serve alcoholic beverages is based on the following criterion. Check what applies to your event.

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

Will the function(s) be in compliance with all applicable sections of the Policy and Regulations for the Sale and Use of Alcoholic Beverages on the University of Illinois Springfield campus? ☐ Yes ☐No

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

_____

Submitted by: _____ Title: _____

Name of Unit: _____ Date: _____

APPROVED: _____Date: _____
Dean or Director

APPROVED: _____ Date: _____
Associate Chancellor for Public Affairs

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