MONTCLAIR STATE UNIVERSITY

Request for Alcohol Service on a Licensed Premises
External Organizations and Individuals

Organization: _____

Address: _____

_____

Telephone: _____ Fax: _____

Organization Representative/Title: _____

Event Date/Time: _____ Event Location: _____

Event Purpose: _____

_____

Type of Alcohol: (check all that apply) ☐ Beer ☐ Wine ☐ Spirits

Type of Service Requested: ☐ Bartender ☐ Self-Serve

Type of Bar: ☐ Cash ☐ Open

Food Menu: _____

Number of Attendees: _____ Number of Attendees under 21 years of age: _____

On behalf of _____, I certify that the above information is
(Organization)
true and accurate:

_____
Organization Representative Date

_____
Sodexho Catering Director Date

Number of Police Officers Required: _____

REQUIRED

_____
University Police Date

_____
Director of the Conference Center Date

Permission Granted by:

REQUIRED

_____ _____
Vice President for Finance and Treasurer Date

MONTCLAIR STATE UNIVERSITY

Request for Alcohol Service on a Licensed Premises
University Departments

Department: _____

Campus Address: _____

Telephone: _____ Fax: _____

Organization Representative/Title: _____

Event Date/Time: _____ Event Location: _____

Event Purpose: _____

Type of Alcohol: (check all that apply) ☐ Beer ☐ Wine ☐ Spirits

Type of Service: (check one) ☐ Bartender ☐ Self-Serve

Type of Bar: (check one) ☐ Cash ☐ Open

Food Menu: _____

Number of Attendees: _____ Number of Attendees under 21 years of age: _____

Source of Funds for Food: _____ Source of Funds for Alcohol: _____

On behalf of _____, I certify that the above information is true and
(Organization)
accurate and in compliance with the University policy on entertainment:

_____
Organization Representative Date

_____
Sodexho Catering Director Date

Number of Police Officers Required: _____

REQUIRED

_____
University Police Date

_____
Director of the Conference Center Date

Approval for Undergraduate Student Organizations, if necessary

_____
Vice President for Student Development and Campus Life Date

Permission Granted by:

REQUIRED

_____ _____
Vice President for Finance and Treasurer Date