

**Event Coordinator Contact Information**

Name: Phone Number:

Email Address:

**Event Information**

Event Name: Event Date:

Event Location (Campus, Building, Room):

Event Start Time: Event End Time:

Alcohol Service Start Time: \*Alcohol Service End Time:  
\*Service must end at least ½ hour prior to event end time

Event Description:

If alcohol will be served outside or in a public area, describe what physical barrier will be used to restrict access and consumption to the specific area:

Who can attend this event?      General Public      PennWest Employees/Students Only  
Alumni      Other, please specify:

Anticipated number of attendees:

Will there be attendees under the age of 21 present?      Yes      No

**\*\*\*If yes, identification methods for those 21 and older (i.e. wrist bands, hand stamps) are required.\*\*\***

Is there an admission fee, tickets, or other purchase required to obtain alcohol?      Yes      No

**\*\*\*If yes, the event requires a license from the Pennsylvania Liquor Control Board.\*\*\***

Type of alcohol to be served:

Non-alcoholic beverages to be served:

List foods that will be available:

**Vendor Information**

Name of vendor providing alcohol:

Name of vendor serving or selling alcohol:

Has the serving/selling vendor completed the Commonwealth's RAMP training?      Yes      No

**Acknowledgement**

I, the Event Coordinator, have read and understand PennWest Policy #FA049: Alcohol and Drugs and agree to adhere to all rules and regulations outlined in this policy as well as all Commonwealth of Pennsylvania laws regarding the sale and service of alcohol.

I, the Event Coordinator, will submit this form to the appropriate University Police Department representative, at the applicable campus, for initial review and approval. Upon their approval, I will submit this form to the Department of Safety & Risk Management ([safety@pennwest.edu](mailto:safety@pennwest.edu)) for final review and approval, along with the following:

- A copy of the third party's liquor liability insurance listing Pennsylvania Western University as additionally insured
- A copy of the Pennsylvania Liquor Control Board Liquor License (if applicable)

Event Coordinator Name:

Date:

Signature:

**\*Do Not Write Below This Line\***

**Approvals**

University Police (applicable campus):

Approved

Denied

Signature:

Date:

Director of Safety & Risk Management:

Approved

Denied

Signature:

Date:

Additional Notes/Requirements:

- CC: Campus Administrator  
Campus Chief of Police  
Conference Services  
Event Coordinator  
Event Location's Building Director  
Finance Office  
Safety & Risk Management  
Strategic Initiatives & Administration