Alcoholic Beverage Request Form
University of Kansas School of Medicine – Salina
Pursuant to the KU’s Regulations Governing the Use of Alcoholic Liquor at University Events

To: SOM-S/SON-S Dean’s Office, 138 N. Santa Fe, Salina, KS 67401
Fax #: (785) 822-0450
Email: ________________________________

From: ________________________________
Fax #: ________________________________
Email: ________________________________

Date: ________________________________

Event Information

Name of sponsoring unit: ________________________________
Event date: ________________________________
Event start/end times: ________________________________
Event purpose: ________________________________

Who will be attending?

- ☐ Faculty
- ☐ Staff
- ☐ Students
- ☐ Other: ________________________________

Expected attendance: ________________________________

Location:

- ☐ Lobby, Room 101
- ☐ Community Room, Room 001

Type of alcoholic beverages to be served:

- ☐ Beer
- ☐ Wine
- ☐ Sherry

Name of licensed vendor that will be providing and serving alcohol: ________________________________

Name of person responsible for enforcing regulations (linked above):

Printed Name: ________________________________
Title: ________________________________
Signature: ________________________________

Name and signature of person completing this form:

Printed Name: ________________________________
Title: ________________________________
Signature: ________________________________

*Form must be submitted for approval prior to public announcement, but in no case less than three weeks before event. Completed forms will be maintained by the SOM-S or SON-S Dean’s Office. Please have a copy of your approved alcoholic beverage request form available at your event.

Request Form Approvals

______________________________         Date
Assistant Dean, Administration/Operations

______________________________         Date
Dean, SOM-S or Assistant Dean, SON-S