

ALCOHOL SERVICE REQUEST FORM

University of Kansas School of Medicine – Salina
Approval required pursuant to the KU policy on [Alcohol Service at 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

Assistant Dean, Administration/Operations

_____ Date

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

_____ Date