

Alcoholic Beverage Request Form
University of Kansas Medical Center – Kansas City Campus

Pursuant to the KU's [Regulations Governing the Use of Alcoholic Liquor at University Events](#)

To: **Vice Chancellor for Administration** **Date:** _____
2023 Murphy

From: _____ **Phone:** _____

1. **Sponsoring Organization:** _____

2. **Event Date:** _____ **Time (Start/End):** _____

3. **Event Purpose:** _____

4. **Who will be attending event?** ____ Faculty ____ Staff ____ Students ____ Other _____
(Specify)

5. **Location: (select one)** **Expected Attendance:** _____

- Beller Conference Center
- Clendening Foyer*
- Executive Vice Chancellor's Suite,
including the H. Edward Phillips Room
- Fairway Auditorium & Ancillary
Reception Area (CRC)
- Francisco Lounge
- Hixson Atrium
- Health Education Building:
____ Rooms B102, B104
____ Ad Astra Room
____ Lower Level Atrium

- KU Endowment, Conference Room 307 (room 3038)
- KU Endowment, Conference Room 308 (room 3033)
- Landon Center Atrium
- Murphy Courtyard
- Murphy Lobby
- School of Nursing Atrium
(red wine prohibited in SON Atrium)
- Stoland Lounge (Student Center Building)
- Sutherland Institute
- Varnes Conference Center

6. **Beverage to be served:** Beer Sherry Wine

7. **Name of licensed caterer to provide and serve alcohol:**

8. **Person Responsible for Enforcing Regulations:**
Signature _____ **Title:** _____

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Signature of person completing form **Date:** _____

Executive Vice Chancellor or Designee **Date:** _____

Recommended / Not recommended

Chancellor **Date:** _____

*Does not include Clendening Amphitheater Rev. 03/2018

Please have a copy of your approved alcoholic beverage request form available at your event.
The Office of the Executive Vice Chancellor will provide a final copy of this approved form to the
University of Kansas Police Department at pdispatch@kumc.edu