

UNIVERSITY OF HOUSTON-DOWNTOWN  
**APPLICATION FOR ALCOHOL PERMIT**

(This application MUST be submitted no later than thirty (30) days prior to the date of the event)

DATE OF REQUEST

NAME OF ORGANIZATION OR DEPARTMENT:

NAME AND DESCRIPTION OF EVENT:

CO-SPONSORING ORGANIZATION (If Any):

DATE OF EVENT:

SERVING TIME:  TO

NUMBER OF PARTICIPANTS EXPECTED:

LOCATION OF EVENT:

*(All UHD facilities must be reserved and confirmed through the Community Relations and Conference Service Office. Please attach a copy of the EVENT REQUEST FORM to this application.)*

TYPE AND QUANTITY OF ALCOHOLIC BEVERAGES TO BE SERVED:

COMPLETE DESCRIPTION OF ARRANGEMENTS MADE WITH FOOD SERVICE PROVIDER FOR DISTRIBUTION OF ALCOHOLIC BEVERAGES:

ADMISSION CHARGE (IF ANY):

VENDOR HOLDING LIQUOR LICENSE/PERMIT TO SERVE ALCOHOLIC BEVERAGES:

NAME OF VENDOR  DATE

WILL NON-ALCOHOLIC DRINKS BE AVAILABLE? YES  NO

WILL FOOD BE AVAILABLE? YES  NO

PLEASE PROVIDE A LIST OF FOOD ITEMS:

I verify by my signature that I will adhere to all University of Houston Downtown policies and procedures regarding use of facilities and alcohol on premises.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT ORGANIZATIONS:**

UHD FACULTY/STAFF ADVISOR'S NAME: \_\_\_\_\_

UHD OFFICE/ADDRESS: \_\_\_\_\_ UHD EXT #: \_\_\_\_\_

UHD ADVISOR'S SIGNATURE: \_\_\_\_\_

I certify I have received a copy of the UHD Policy Statement and I will comply with it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STAFF:**

SUPERVISOR'S NAME: \_\_\_\_\_ EXT #: \_\_\_\_\_

SUPERVISOR'S APPROVAL: \_\_\_\_\_

**FACULTY:**

DEPT. CHAIR: \_\_\_\_\_ EXT #: \_\_\_\_\_

CHAIR'S APPROVAL: \_\_\_\_\_

**APPROVAL:**

- VP Student Services (Student Organizations) Date \_\_\_\_\_
- VP Administration (Staff)
- VP Academic Affairs (Faculty)

☐ POLICE COVERAGE REQUIRED

☐ POLICE COVERAGE WAIVED

\*\*\*\*\*  
CONFIRMATION OF RESERVATION

\_\_\_\_\_  
UHD Community Relations & Conference Services Date

\*\*\*\*\*  
UHD POLICE DEPARTMENT

\_\_\_\_\_  
UHD Police Department Date

\*\*\*\*\*  
LIQUOR LICENSE HOLDER \*\*\* Copy of TABC Permit MUST BE SUBMITTED to Community Relations & Conference Services office AT LEAST 5 DAYS prior to date of event.

\_\_\_\_\_  
Company Name/Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- |                 |                                                                      |
|-----------------|----------------------------------------------------------------------|
| <b>Routing:</b> | 1) Dean of Student Affairs, VP Administration or VP Academic Affairs |
|                 | 2) Community Relations & Conference Services                         |
|                 | 3) UHD Police Department                                             |
|                 | 4) Food/Alcohol Service Provider                                     |
|                 | 5) UHD Safety Department                                             |