



On-Campus Event Alcohol Service Approval Form

Name of Event: _____

Event Start Date: _____ **Event Start Time:** _____

Event Finish Date: _____ **Event Finish Time:** _____

Venue(s): _____

Event Contact Name: _____

Address: _____

Phone(s): _____

E-Mail: _____

Alcohol Service Date: _____

Alcohol Service Start Time: _____

Alcohol Service End Time: _____

Alcohol Consumption Start Time: _____

Alcohol Consumption End Time: _____

What food and non-alcoholic beverages will be served at this event?

Which rest rooms will be available for this event and how close are they to the alcohol service?

Estimated Maximum Attendance: _____

Please select which of the following categories best describes who will be responsible for serving alcohol at this event:

The University Food Service Contractor will serve all alcohol at this event Yes No

An outside professional caterer will serve all alcohol at this event Yes No

Neither the University Food Service Contractor nor an outside professional caterer will serve alcohol at this event Yes No

----- **Approval Routing** -----

Yes No

Requesting Dean, Dept. Head, or Event Coordinator

Date

Yes No

Chief Operating Officer or their designated representative

Date

Yes No

Chief Academic Officer or their designated representative

Date



On-Campus Event Alcohol Service Alcohol Security Addendum

Name of Event: _____

List all alcohol that will be provided for this event. Please be specific as to the type, the brand name, and the quantity of all alcohol products on site for this event.

Describe how the alcohol will arrive on campus, who will be delivering the alcohol, and when the alcohol will be delivered. Please be specific as to dates, times and contact information.

Describe how and where the alcohol will be secured when not being served during the event. Please be specific as to who will be responsible for the securing of the alcohol when not being served.

Describe how any alcohol remaining after the event will be removed from campus, who will be removing the alcohol, and when the alcohol will be removed. Please be specific as to dates, times and contact information.

----- **Approval Routing** -----

Yes No

NCSA Chief of Police or their designated representative

Date



On-Campus Event Alcohol Service Alcohol Supervision Plan Addendum

Name of Event: _____

Describe in detail how IDs will be checked at this event. Be specific as to where, when and who will be checking these IDs.

Describe what additional means will be used to prevent underage consumption of alcohol at this event.

Identify who will be responsible for supervising the alcohol service for this event.

List below all servers who will be dispensing alcohol at this event. Please include their name, age, contact information and alcohol service training.

Server Name	Age	Contact Information	Training
-------------	-----	---------------------	----------

----- Approval Routing -----

Yes No

NCSA Chief of Police or their designated representative

Date



On-Campus Event Alcohol Service Outside Professional Caterer Addendum

Name of Event: _____

Caterer Information:

Company Name: _____

Contact Name: _____

Company Address: _____

Phone(s): _____

E-Mail: _____

Please attach the following documents:

A copy of the caterer's offsite catering license.

A copy of the caterer's up-to-date ABC permits required for this event.

A certificate of general commercial liability insurance with an alcohol rider. This certificate must list the North Carolina School of the Arts as an "additional insured" and coverage must not be less than:

General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Product-Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Fire Damage (any one fire)	\$300,000
Medical Expenses (any one person)	\$5,000
Damage to Premises (any one occurrence)	\$300,000

As a representative of the catering company named above, I agree that I have reviewed the On-Campus Event Alcohol Service Approval form, the On-Campus Event Alcohol Service Alcohol Supervision Plan Addendum and the On-Campus Event Alcohol Service Alcohol Supervision Plan Addendum for this event. I further agree that all the information in these forms and addenda are correct and I agree that all procedures and policies outlined in these forms and addenda will be followed at the NCSA event named in this document. I further agree that I have read and understood the North Carolina School of the Arts Policies for Alcohol Service at University On-Campus Events and I agree that all NCSA alcohol policies and procedures will be followed at the NCSA event described in this On-Campus Event Alcohol Service Approval form and addenda.

Owner of Catering Company or their designated representative

Date

On-Campus Event Alcohol Service Using Neither the University Food Service Contractor Nor an Outside Professional Caterer Addendum

Name of Event: _____

Alcohol Server Information: _____

Dept. or Organization Name: _____

Officer Name: _____

Address: _____

Phone(s): _____

E-Mail: _____

Please attach following documents:

If a fee of any kind is being charged for people to attend the on-campus event or if the on-campus event is closed to the general public, then a copy of an **ABC Special One-Time Permit** must be attached to this document.

If no fee is being charged for people to attend the on-campus event and if the on-campus event is limited to invited guests only (in other words, not open to the general public), then a copy of an **ABC Limited Special Occasion Permit** must be attached to this document.

(If neither an **ABC Special One-Time Permit** nor an **ABC Limited Special Occasion Permit** is attached to this form, then the requested alcohol service will not be approved.)

A certificate of general commercial liability insurance with an alcohol rider. This certificate must list the North Carolina School of the Arts as an "additional insured" and coverage must not be less than:

General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Product-Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Fire Damage (any one fire)	\$300,000
Medical Expenses (any one person)	\$5,000
Damage to Premises (any one occurrence)	\$300,000

As an officer of the department or organization named above, I agree that I have reviewed the On-Campus Event Alcohol Service Approval form, the On-Campus Event Alcohol Service Alcohol Supervision Plan Addendum and the On-Campus Event Alcohol Service Alcohol Supervision Plan Addendum for this event. I further agree that all the information in these forms and addenda are correct and I agree that all procedures and policies outlined in these forms and addenda will be followed at the NCSA event named in this document. I further agree that I have read and understood the North Carolina School of the Arts Policies for Alcohol Service at University On-Campus Events and I agree that all NCSA alcohol policies and procedures will be followed at the NCSA event described in this On-Campus Event Alcohol Service Approval form and addenda.

Dept. or Organization Officer or their designated representative

Date