

## UA-PTC Alcohol Service Request Form

*Instructions: Please complete all sections of this form. Ensure that all required documents are attached before submission. This form must be submitted to the Chancellor's Office at least four weeks prior to the event date.*

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### Event Information

- **Event Name:**
- **Sponsoring Department or Entity:**
- **Event Date:**
- **Event Start Time:**
- **Event End Time:**
- **Event Location:**
  - CHARTS (Center for Humanities and Arts)
  - Campus Center - Grand Hall A/B
  - CAHMI (Culinary Arts and Hospitality Management Institute)
  - Golf Course
  - Other:

*(If requesting a location not listed above, additional approval may be required)*

- **Expected Attendance:** \_\_\_\_\_
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### Alcohol Service Details

- **Type of Alcohol to Be Served:**
  - Wine
  - Beer
  - Distilled Spirits (Liquor)
- **Alcohol Service Start Time:** \_\_\_\_\_
- **Alcohol Service End Time:** \_\_\_\_\_

*(Service may only begin 2 hours before the event and must end 60 minutes prior to event conclusion)*

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**Catering and Alcohol Service Provider**

- **Catering Service/Vendor Name:**
- **Vendor Contact Person:**
- **Contact Email:**
- **Contact Phone:**
- **ABC Permit Number:**
- **Attached ABC Alcohol Server Awareness Forms/Proof of Course Completion for All Servers:**  
                    **Yes**                    **No**

*(Attach forms for each server or proof of completion of the ABC online server course)*

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**Required Documents**

*(Please ensure the following documents are attached)*

- Event Registration Alcohol Approval Form (from Chancellor)
  - Alcohol Service Agreements
  - ABC Permit and Server Awareness Forms
  - Facilities Use Agreement with indemnification and liability insurance endorsement (minimum \$1 million coverage)
  - Certificate of Insurance listing “The Board of Trustees of the University of Arkansas, acting for and on behalf of UA-PTC” as additional insured
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**For Office Use Only**

- **Approval by Chancellor or Designee:**
  - Approved
  - Not Approved
- **Additional Notes/Conditions:**

**Signature:**

**Date:**