

# Appendix A: Request for Exception Form



## Responsible Party Contact Information

Name:	
Department Name:	
Phone Number:	
Email Address:	
Address:	

## Event Details

Event Name:	
Event Purpose:	
Event Location (include room number/name):	
Event Date(s):	
Event Start & End Time:	
Alcohol Service Start & End Time (if different than event):	
Estimated Attendance:	

By checking this box, you are confirming that any alcohol served will be by a TIPs certified licensed vendor.

1. What type of alcohol will be served?  Beer  Wine  Liquor
2. Is the event a fundraiser?  Yes  No
3. Will you charge admission to the event?  Yes  No
4. Will you sell drink tickets or have a cash bar?  Yes  No
5. Will undergraduate students be attending the event?  Yes  No

Please describe how monies received from the event will be used:

---

---

Please describe how you will prevent non-attendees from entering your event:

---

---

Please describe how you will determine whether attendees are of legal drinking age:

---

---

**Signature of Responsible Party:** By signing below, I certify that I am authorized to act on behalf of the Department/Company/Group and accept responsibility for the event.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_