



University of Nebraska-Lincoln

Alcohol Services Permit Application

Category #1

Category #2

Category #3

UNL Permit #:

IT IS THE RESPONSIBILITY OF THE FACILITY ADMINISTRATOR TO OBTAIN THE REQUIRED ALCOHOL SERVICES PERMIT FOR EACH EVENT. THE APPROVED CATERER IS RESPONSIBLE FOR OBTAINING A SPECIAL DESIGNATED LICENSE FOR CATEGORY #2 EVENTS.

Facility to be Used:

Alcohol must be served and consumed only in the areas listed on the permit. If specific rooms or areas are not designated as provided in the application, the permit shall extend to the entire property or building listed on the permit.

**If 'other', attachment with location, address, a sketch of licensed area, and maximum capacity is required.*

- | | |
|--|--|
| <input type="checkbox"/> Champions Club | <input type="checkbox"/> Schorr Suite |
| <input type="checkbox"/> Gaughan Center | <input type="checkbox"/> Sheldon Museum of Art |
| <input type="checkbox"/> Int'l Quilt Museum | <input type="checkbox"/> State Museum (Morrill Hall) |
| <input type="checkbox"/> Lied Center | <input type="checkbox"/> Visitor's Center |
| <input type="checkbox"/> Nebraska East Union | <input type="checkbox"/> West Stadium Skybox |
| <input type="checkbox"/> Nebraska Union | <input type="checkbox"/> Wick Alumni Center |
| <input type="checkbox"/> NIC Conference Center | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is this an Outdoor Event?

**If 'yes', attachment with UNL Police approved licensed area plan is required.*

Date Submitted:

Date of Event:

Name of Event:

Time of Event:

Start: End:

Type of Event:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Other _____ |

Sponsoring Organization:

Sponsoring Organization's Event Sponsor:

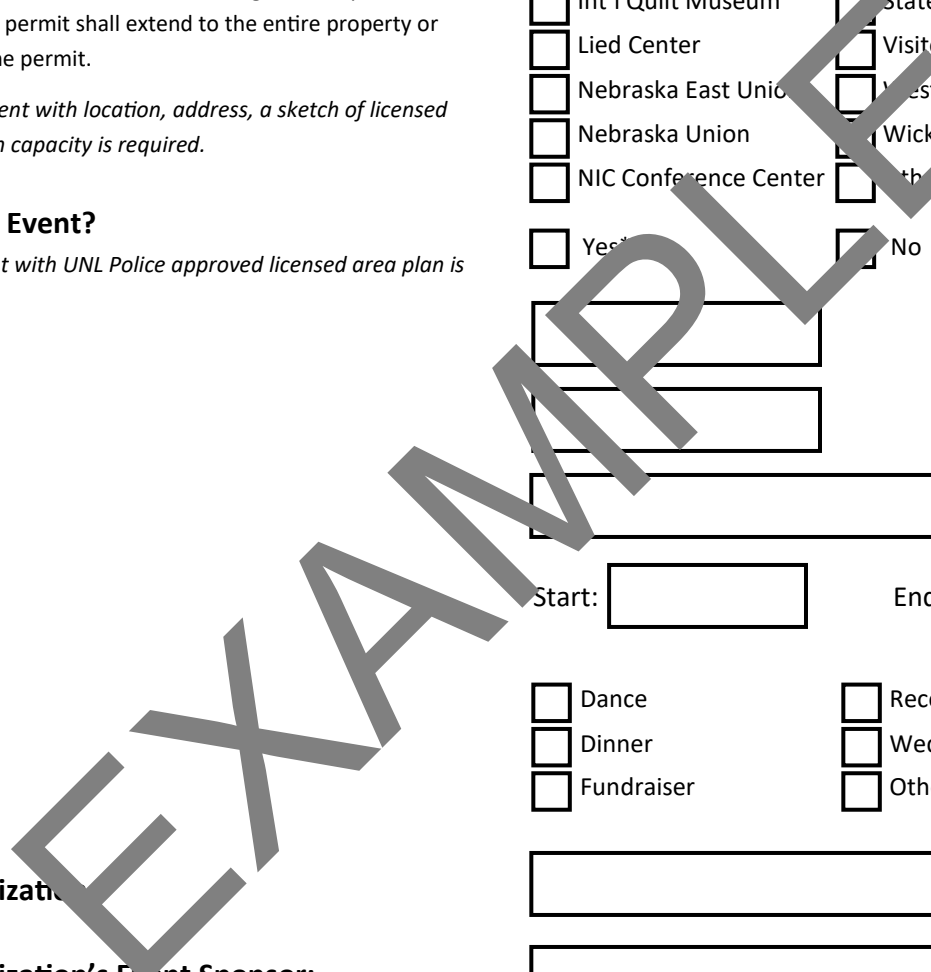
This individual may not consume alcohol during the event and must be present at all times during the event and during the immediate post-event clean-up period.

Sponsor's Mailing Address (Street, City, State, Zip):

Sponsor's Email Address:

Sponsor's Phone Number:

Sponsor's Phone Number During the Event:



Is the event open to the public?

Yes No

If 'yes', where was the event advertised?
If 'no', how was the guest list determined?

Will there be a charge to those attending the event?

Yes No

Will there be a cash bar?

Yes No

Number of Persons Expected to Attend:

Under 21:

Name of Caterer Providing Food:

Describe the food to be served or consumed:

Name of Caterer Providing Alcoholic Beverages:

Alcoholic Beverages to be served or consumed:

Beer Wine Distilled Spirits

Non-alcoholic beverages to be served or consumed:

Soda pop Water
 Juice Other _____
 Coffee/Tea

Request Policy Waivers*

- Security Waiver
- Outdoor Fencing Waiver or Modification

*If a waiver is requested, please provide rationale.

Signatures:

The following certify that the above mentioned event satisfies the institutional policies on the service of alcoholic beverages, all local ordinances and the Nebraska Liquor Control Act.

**These individuals may not consume alcohol during the event and must be present at all times during the event and during the immediate post-event clean-up period.*

Sponsoring Organization's Event Sponsor*

_____ Date

UNL Facility Administrator*

_____ Date

UNL Dean/Director

_____ Date

UNL Chancellor, Vice Chancellor or Designee

_____ Date

UNL Vice Chancellor, Business and Finance

_____ Date

THIS PERMIT MUST BE PROMINENTLY DISPLAYED DURING EVENT