Guidelines for Serving Alcohol for Departments

To obtain permission to serve alcohol at an event, please read and sign this document and complete the attached Event Alcohol Approval Form. Both documents must be filled out and submitted to either the Director or an Associate Director for the Center for Leadership and Involvement at least two weeks prior to event.

The following guidelines must be strictly followed:

• Persons serving alcohol must be at least 21 years old and have completed UCARE training or must be a licensed bartender with appropriate insurance coverage.
• Amounts of alcohol to be served must be discussed with The Center for Leadership and Involvement. This amount should be determined by the length of the event and the anticipated number of guests.
• Departments must designate one full time staff or faculty member to be responsible and present for the entire duration of the event. For large events, additional persons may be required. It is strongly recommended that all responsible parties attend UCARE training.
• Only beer and wine may be served unless there is written consent from the Center for Leadership and Involvement.
• For events where individuals under 21 may be present, University staff or faculty members or a licensed bartender must check identification and serve the alcohol.
• Undergraduate students 21 and over will be allowed a maximum of three reasonably sized drinks; fewer drinks may be allowed depending on the length of the event. All precautions must be taken that event participants do not drink excessively. The number of drinks consumed must be strictly monitored.
• Appropriate precautions must be taken to ensure that event participants under 21 do not have access to alcoholic beverages.
• Sufficient amounts of non-alcoholic beverages must be available.
• Adequate quantities of non-salty food must be served.
• Consumption of alcoholic beverages will be limited to an approved area, usually a closed room or section of the building. The organization sponsoring the event is responsible for ensuring that alcohol is consumed only in the designated area and not carried outside the area or the building.
• Individuals are not allowed to bring their own alcohol to an event.
• There may be no reference to the availability of alcohol in any publicity for the event.
• No alcohol may be served during the last half hour of the event.

I have read and agree to all of the above guidelines

Name____________________________________ Date____________________________________

Signature____________________________________ Dept.____________________________________

University of Chicago Alcohol Risk-reduction Education (UCARE) is available Health Promotion and Wellness. Please call (773) 702-8935 or visit http://wellness.uchicago.edu/ucare for more information.
Department Alcohol Notification/Approval Form

Please complete and return this form to the Center for Leadership and Involvement at least two weeks prior to the event. If you have any questions, please see a Center for Leadership and Involvement facilities coordinator.

Sponsoring Organization (if applicable): _______________________________________________________

Contact Name __________________________________________________________________________

Email Address:_____________________________ Phone Number:______________________________

Event Name:__________________________________ Event Date:_____________________________

Event Starting Time:_________________________ Event Ending Time:________________________

Expected Total Attendance:____________________ Expected Attendance over 21: ______________

Event Location:________________________________________________________________________

Purpose of the Event:

Please describe the systems you will use to check IDs and serve the alcohol and/or name of bartending service:

Type/Amount of Alcohol to be served (include serving size):____________________________________

Type/Amount to Non-Alcoholic Beverages to be served:______________________________________

Type/Amount of Food to be served:________________________________________________________

Administrator(s)/Individual(s) responsible for overseeing alcohol distribution during event:

Name____________________________________ Name____________________________________

Title____________________________________ Title____________________________________

Email____________________________________ Email____________________________________

Signature_________________________________ Signature_________________________________

If applicable:

UCARE Date Completed____________________ UCARE Date Completed____________________

CENTER FOR LEADERSHIP AND INVOLVEMENT USE ONLY

Event Approved by:________________________ Date:_____________________________