NMSU APPLICATION TO SERVE ALCOHOL

By submitting this application, the sponsor acknowledges that he/she has reviewed and will comply with the NMSU Alcohol Permit Guidelines. This application must be submitted to the Chair of the Committee (the Director of the School of Hotel, Restaurant and Tourism Management). Applicants will be notified of the decision by the Office of the Chancellor.

SPONSOR INFORMATION

NAME OF ORGANIZATION/GROUP		
NAME OF THE EVENT PLANNER		
ADDRESS:		
TELEPHONE E-MAIL	INDEX #	
NAME OF THE ADMINISTRATOR RESPONSIBI	LE FOR THE EVENT (Dean or VP Level)	
E	VENT INFORMATION	
EVENT NAME		
	T: FROM AM / PM TO AM / PM HOL SERVICE: FROM TO	
DESCRIBE THE NATURE OR PURPOSE OF THE		
EXACT LOCATION OF EVENT LAYOUT OR FLOOR PLAN FOR THE EVENT (6		
TYPE OF ATTENDEES – Check all that apply NMSU STUDENTS NMSU FACULTY/STAFF NMSU ALUMNI OFF CAMPUS GROUP (NON-UNIVERSITY) OTHER	TYPE OF ADMISSION – Check one only INVITATION ONLY: NO ADMISSION CHARGE NOTE: The invitation list must be provided to the alcohol committee chair at least 1 day before the event and be available at the door. PUBLIC EVENT (Needs Special Dispenser Permit) FREE	
How will the event be marketed or advertised?	ADMISSION CHARGE	
EXPECTED OVERALL ATTENDANCE EXPECTED MINORS IN ATTENDANCE MEANS OF IDENTIFYING UNDER-AGE ATTEN Wristbands must be used for verified adults if minor	IDEES:rs will be in the event area	
NAME OF FOOD SERVICE VENDOR/CATERER		

TYPE OF ALCOHOL SERVED – Check all that apply O BEER O WINE	
O HARD LIQUOR, PLEASE SPECIFY	
TYPE OF BAR – Check one only	
o CASH BAR (REQUIRES SPECIAL DISPENSER PERMIT)	
SPECIAL DISPENSER PERMIT HOLDER	
 HOSTED BAR 	
ALCOHOL PROVIDED BY	
CERTIFIED SERVERS PROVIDED BY	
SIGNATURE OF RESPONSIBLE ADMINISTRATOR My signature indicates that I am aware of and assume responsibility for all detail comply with the NMSU Alcohol Permit Guidelines. If these details change, I will they are significant, a new application may need to be filed.	
APPROVALS	
Information Verification by Alcohol Review Committee Chair	Date
Alcohol Review Committee	Date
NMSU Police Department	Date
Security Personnel Required: Yes No If yes, event number	
DECISION: \square APPROVED \square DENIED	Date
Chancellor's Office	Date
COMMENTS	