ILLINOIS INSTITUTE OF TECHNOLOGY
STUDENT ORG ALCOHOL SERVICE REQUEST FORM

Complete this form and forward to the Office of the Dean of Students in MTC 209 (fax 78917). No alcohol service can occur without the completion of this form in its entirety. Copies of this form will be retained by the DOSO, IIT Catering Services, IIT CCC office and the hosting group.

SERVICE INFORMATION

Check below those who will be present and served alcohol:

☐ Faculty
☐ Undergraduate students and their guests
☐ Staff
☐ Other guests (please describe below)
☐ Parents of Students
☐ Graduate students and their guests

EVENT INFORMATION

Date: __________ Time: __________ Location: ____________________________ Estimate Attendance: __________

Purpose of event: ___________________________________________________________________________________

Comments: _______________________________________________________________________________________

HOST INFORMATION

Sponsoring group(s) and individual submitting request

Signature of Person Submitting Request ________ Title ________ Date ________

Address ________ City ________ State ________ Zip ________ Phone # ________

NOTE: If sponsorship is by a student organization, fraternity or sorority, a full-time IIT faculty, staff or Public Safety officer must be present for the duration of the time alcohol will be served.

Name of Individual who will be present ________ Title ________

Address ________ City ________ State ________ Zip ________ Phone # ________

PROVIDER INFORMATION

Will Sodexho be serving the alcohol? ☐ Yes ☐ No If no, please complete the following:

Name of Company ________ Contact person ________ Address ________ Phone # ________

NOTE: Any vendor providing alcohol service must be licensed and bonded in the State of Illinois.

ALL ALCOHOL SERVICE MUST BE IN COMPLIANCE WITH THE STATE OF ILLINOIS LAWS AND ALL UNIVERSITY AND STUDENT ORGANIZATION POLICIES. NO ALCOHOL WILL BE SERVED TO ANYONE UNDER THE LEGAL DRINKING AGE OF TWENTY-ONE. NO ALCOHOL WILL BE SERVED TO ANYONE WHO APPEARS TO BE INTOXICATED.

RESTRICTIONS (To be filled out by IIT Campus & Conference Centers Office)

________________________________________

________________________________________

AUTHORIZED

Dean of Students Office ________ Date ________ IIT CCC Office ________ Date ________