ALCOHOLIC BEVERAGE CLEARANCE REQUEST FORM

California State University, Long Beach

Under an Operating Agreement with the California State University Trustees, Forty Niner Shops, Inc. (hereinafter Shops) is responsible to the University and the California Department of Alcoholic Beverage Control for the proper storage, sale, service and distribution of all alcoholic beverages on the campus, regardless of how the alcohol is procured. Alcohol may not be stored by anyone in campus buildings, offices, or classrooms. Shops, or their authorized agents, must supervise the service or sale of alcohol at all events on University property; supervision is provided for a fee. Shops Dining Services acknowledges review and approval by signature below.

Requestor (name of depa	artment or individual):			
Day & Date of Event:	Loc	cation:	Type of Fu	unction:
Event Hours:	Serving Hours:		Approval Requested fo	or:BeerWineDistilled
Estimated Attendance by	Number: Students	Faculty	Staff Guests	
EMS# for Event:	Cash Bar: []Yes []No	Is alcohol being d	lonated: [] Yes [] No
Caterer:	Catering Contact & Pho	one Number:		
Acknowledgement by E	vent Planner/Host:			
 Only members of We shall provide shall abide by all alcoholic beverage may be exchange an individual. For any event at We understand the Where danger of 	California Laws and CSU ges. A prohibited sale would do not be for drinks or other met which alcohol is served, the nat non-alcoholic beverages.	ed guests shall a ure that all perso ILB University re uld include form thods of chargin he serving time les must be avairsons or proper	attend this event. In served beer or wine In gulations regarding the In sof indirect sales, such In gulation are determined In period shall not exceed In a gulation of the duration of	
Authorized Event Planne	r/Host (Must be present a	t event):		
Printed Name:		Signature: _		Date:
Address:		City		_ Zip:
Phone (s) Home: ()	or Cell:	()	Work: ()
THE FOI	LOWING SIGNATURES	ARE REQUIRE	ED, IN THIS ORDER, I	FOR APPROVAL
2		•		2 .
Printed Name University Police Appr	oval	Signature		Date
Printed Name Forty Niner Shops App	proval	Signature		Date

(REVISED 05/07/2018, Forty Niner Shops, Dining Services)

Signature

Date

Printed Name

FORM INSTRUCTIONS

This form must be received in the Forty Niner Shops at least 5 business days before the event.

Complete the request form as indicated.

- Requestor (name of department or individual): Name of department or individual
- Day & Date of Event: Date of event.
- Location: Location of campus venue.
- Type of Function: Type of event function.
- Event Hours: Hours of event.
- Serving Hours: Hours alcohol will be served at event.
- Approval Requested for: Indicate which alcohols (beer, wine or distilled) will be served. If it is a Student Sponsored Event, beer & wine are the only alcoholic beverages available.
- Estimated Attendance by Number: Indicate the number of attendees by each category; Students/Faculty/Staff/Guests.
- EMS# for Event: Event Management System Number assigned by the Events Office.
- Cash Bar: If yes, the guest is paying for the alcohol (non-hosted) and the Alcoholic Beverage Control (ABC) special daily license is required. If no, the host is paying for the alcohol (hosted).
- Is alcohol being donated (must be served by Forty Niner Shops' Beach Catering): If yes, alcohol is available for purchase and paid for by the guest as part of their meal cost. A submission letter of donation from a licensed distributor or manufacturer and Alcoholic Beverage Control (ABC) permit is required. ABC requires special handling of Donated Alcohol, please allow thirty (30) days before the event date. If no, alcohol is part of the catering package paid for by the host, the ABC special daily license is not required.
- Caterer: Name of caterer and attach a copy of catering contact.
- Catering Contact & Phone Number: Caterer's phone number (must be reachable at the number provided during all hours of alcohol service.
- Authorized Event Planner/Host (Must be present at event):
- Printed Name: First & Last name of event planner/host.
- **Signature:** Signature of event planner/host.
- Date: Current Date.

University Approval

- Address: Address of event planner/host.
- City: City of event planner/host.
- **Zip:** Zip code of event planner/host.
- Phone(s) Home, Cell & Work: Event planner or host's home, cell and work numbers.

THE FOLLOWING SIGNATURES ARE REQUIRED, IN THIS ORDER, FOR APPROVAL

University Appro	vai				
	Student Sponsored Events - approval by Dean of Students				
	2. University Sponsored Events - approval by a Level 3 or above.				
	3. Third Party Events with Facility Rental – approval by Venue Manager.				
	4. University Intercollegiate Athletic Events in University				
Printed Name	Owned/Operated Facilities - approved by Athletic Director.	Signature	Date		
University Police	Appro val				
Printed Name	By authorized university police personnel	Signature	Date		
Forty Niner Shops Approval					
Printed Name	Director of Residential Dining & Catering Services for the Forty-Niner Shops, Inc. or his/her designee	Signature	Date		
Printed Name	Chaps, inc. of his/her designed	Signature	Date		