NEW YORK INSTITUTE OF TECHNOLOGY

Office of the General Counsel

Approved on _____

By: _____

ALCOHOL POLICY EXEMPTION FORM

Name:	
Org/Dept:	
Email:	
Phone:	
Event Host:	
Name of Event:	
Date of Event:	
Event Start & End Time:	
Location of Event:	
Purpose of event? Who will be attending?	
Estimated # of Guests:	
Type of alcohol being served?	

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Is this a repeat event? If so, was alcohol served before?	
Is there a contract with a catering company? If so, who?	
Who is procuring the alcohol & how much will be purchased (if known)?	
Who is serving the alcohol?	
Is there a drink maximum? If so, how many?	
Will non-alcoholic beverages be provided? If so, gratis or at a cost?	
Will food be provided?	

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How will you insure that no underage drinking will occur? (ID checks, stamps, bracelets, etc.)	
Will students over 21 be permitted to drink (if applicable)?	
How are guests getting home from the event?	
Please name the administrator abstaining from drinking to monitor event consumption.	

_____ _____

Requestor Date

_____ _____

Dean/Vice President Approval Date