

Dining Services

Alcoholic Beverage Request Form

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The completed form must be submitted to Dining Services Box 19385 or fax to 817-272-3749, fifteen (15) working days prior to the scheduled event. A floor plan sketch must be attached.

Requested By: Printed	Signature		Title
Email:		Phone:	
Reservations Made For: An Organization	A Non-University Group I	ndividual, Association, or Corpor	ation
A University Budge	ted Office Account	# to be charged:	
Address:			
Street (UTA Dept. & Box,	if applicable)	City Sta	ate Zi
Description of Event (include why the serving of	alcoholic beverages is desired):		
Who will be attending event?			
Expected # of Attendees:	Location:		
-	Room	Building	
Alcoholic Beverage Service Time:	Begin:	End:	
(Maximum of 4 hours)	AM/PM	AM/PM	-
(Maximum of 4 hours)			
Type Beverage(s) to be Served: Wine	Beer Champa	gne Mixed Drinks	
Type of Service required by Dining Services:	Cash Bar Catered	Beverages	
type of betwee required by 2 ming 500 vices.	Cash Dai	De verages	
NOTE: Food and altern must be n STUDENT ORGANIZATIONS ONLY: The following person(s) will be responsible for seeing that faculty/staff advisor or his/her delegate (another UTA fact	native beverages (e.g. soft drinks nade available when alcoholic be t no alcoholic beverages enter or leave	verages are served.)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ulty or staff member).	The designated area. This person(b) a	thould be the organizat
The faculty/staff advisor or his/her delegate must be pres	ulty or staff member). sent for the duration of the event		
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Name Name Name Faculty/Staff Advisor Signature (Organization) Student Activities/Student Governance & Organizations	ulty or staff member). sent for the duration of the event Addre Addre Title Approve Approve	ss ss sisapprove Disapprove	Phone Phone
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Name Name Name Faculty/Staff Advisor Signature (Organization) Student Activities/Student Governance & Organizations Dining Services Catering Manager Fax #: 817-272-3749	ulty or staff member). sent for the duration of the event Addre Addre Title Approve Approve	ss ss sisapprove Disapprove red:#	Phone Phone Date
Name Name Name Faculty/Staff Advisor Signature (Organization) Student Activities/Student Governance & Organizations	Addres Approve Approve Security Requi	isapprove Disapprove Disapprove Disapprove	Phone Phone Date

procedures set forth in UT System Administration UTS139. The law is found in sections 552,021, 552,023 and 559,004 of the Texas Government Code.