



## **REQUEST FOR UNIVERSITY PERMISSION TO HOLD A FUNCTION WHERE ALCOHOL WILL BE SERVED**

The Organizer of the function should complete Sections 1 and 2 and then obtain authorization as required in Section 3 from the department/faculty/residence where the event is to take place.

Once authorized, email the form to Scheduling Services (room.bookings@ubc.ca) **at least 30 days before the event date** for verification of authorizing signature(s) and room capacity for the function where alcohol is to be served (Section 4). Any applications submitted less than 25 days prior function date are subject to approval from the RCMP/Fire Marshall.

All AMS-constituted student organizations holding on-campus events where alcohol will be served are required to submit a copy of the event's Special Occasion License (SOL) to the AMS Student Bookings Representative in the Nest 3500.

### **1. Organizer**

Organization: \_\_\_\_\_

Organizer (print name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Contact tel: \_\_\_\_\_

Business: \_\_\_\_\_

I represent an organization that has organized and meets regularly or occasionally for a common purpose.

I certify that the above-noted function is consistent with the purposes of the University and that I have addressed all items on the Organizer's Checklist following this application.

I am in possession of a Responsible Beverage Service certificate and I accept responsibility for the conduct of visitors and guests at this function.

I am aware of and understand the SOL legislation that permits the BC Liquor Control and Licensing Branch to assess fines for failure to enforce my legal responsibilities as the event host.

I acknowledge that any fines imposed by the BC Liquor Control and Licensing Branch for SOL contraventions at my event will be my responsibility if the Organization is not a legal entity.

I acknowledge that there will be no underage attendees admitted to this event.

Signature: \_\_\_\_\_

### **2. Room information**

Function: \_\_\_\_\_

Date of function: \_\_\_\_\_

Building: \_\_\_\_\_

Room number or name: \_\_\_\_\_

Attendance expected: \_\_\_\_\_

Time alcohol to be served: \_\_\_\_\_

Note: If your function has 59 or more attendees, the room capacity will be determined by the required authority (i.e. Fire Marshall).

### **3. This application must be authorized by the Dean/Director/Residence Life Manager (RLM) of the Faculty/Unit/Residence and, where applicable, the Head/Manager of the Department where the event is to be held.**

On behalf of the University of British Columbia, I give permission to the above-named organizer to hold the above-noted function on the University premises identified above. This permission is conditional upon compliance with all applicable legislation (including the obtaining of a Special Occasion License pursuant to the Liquor Control and Licensing Act), all University policies and procedures (Including the policy entitled "Serving and Consumption of Alcohol at University Events or on University Premises"), and all items in the Organizer's Checklist following this application.

Dean/Director/RLM: \_\_\_\_\_  
print name

Faculty/Unit/Residence: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Head/Manager (if applicable): \_\_\_\_\_  
print name

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **4. Scheduling Services Special**

Event Room Capacity: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Date: \_\_\_\_\_

59+ attendees

100+ attendees: Safety and Emergency Response Plan attached

Form submitted less than 25 days before function date

Copy of Responsible Beverage Service Certificate and Gov't ID attached