



ALCOHOL AUTHORIZATION FORM

Date: _____ Campus Event Non-Campus Event Student Event

BCC Department/Student Association: _____

Event Organizer: _____

Email Address: _____ Phone: _____

Event Information: _____

Title of Event: _____

Date of Event: _____ Begin Time: _____ End Time: _____

Location Reserved for Event: _____

Type of Function (please check the type of function):

Banquet Meeting Dance Fundraiser Concert Reception

Other: _____

Number Attending: _____ How will you identify attendees over 21: _____

Type of alcohol being served (check all that apply): Beer Wine Liquor

Will there be a Bartender: Yes No

If yes, does Bartender/Caterer have a valid permit to serve alcohol in New York State: Yes No

*Officers from BCC's Department of Public Safety must be present at all times during an event serving alcohol.

By signing below, Event Coordinator certifies the information included in this form is accurate and complete. Event Coordinator is responsible for ensuring compliance with all campus policies regarding alcohol as well as State liquor code for private events in public facilities where alcohol is present. Event Coordinator is also responsible for understanding the liability for the University, and will adhere to all University, City, and State regulations regarding alcohol service and consumption. By signing this form, the Event Coordinator agrees to have this event registered as a campus event with alcohol.

Check box if all required permits and documents are attached and/or reviewed:

Signature of Event Organizer: _____

Approval/Signature of Event Services Director: _____

Unless otherwise expressed this request may only be approved by the President of the College

Alcohol authorized for event: Approved _____ Denied _____

Authorization Signature: _____

President or designee