

The Graduate Student Organization supports Binghamton University’s philosophy regarding substance use and their continued commitment to addressing the impact of alcohol. Please refer to the Binghamton University Student Handbook Alcohol Policy for a complete description of required forms and procedures(As of 5 December, 2012: <http://www2.binghamton.edu/student-handbook/other-university-policies/alcoholic-beverages.html>) In order to receive reimbursement for alcohol purchases, the GSO requires that graduate organizations give notification of their intent to serve such beverages:

- If your event will be held **on campus**, a copy of the approved university forms must be submitted before GSO reimbursement can be made.
- If your event will be held **off campus**, you must complete and submit the GSO’s Application for Permission to Serve Alcoholic Beverages before reimbursement can be made. If your organization does not submit this form prior to the event, the organization cannot be reimbursed for the *alcoholic beverages* served at the event.

**BINGHAMTON UNIVERSITY GRADUATE STUDENT ORGANIZATION
APPLICATION FOR PERMISSION TO SERVE ALCOHOLIC BEVERAGES**

A. Sponsoring Organization: _____

B. Contact Person: Name: _____ **Position:** _____
Phone: _____ **E-Mail:** _____

C. Type of Event: _____
Date: _____ **Times: From** _____ **Until** _____
Location: _____ **Estimated Attendance:** _____
Event is Open To Whom? _____

D. Food and Beverages to be served:
a. Alcohol Beverages: *Type* _____ *Quantity Available:* _____
b. Non Alcohol Beverages: *Type* _____ *Quantity Available:* _____
c. Food: _____ *Quantity Available:* _____

E. Financial Arrangements: (Please Check Appropriate Box and Explain)
a. ___ Event is Free To Participants **b. ___ Event Has An Associated Admission Charge**
Explanation Of Event Funding: _____

F. Supervision of Serving of Alcoholic Beverages: (Please Check Appropriate Box and Explain)
a. ___ Event is being catered **b. ___ Event is supervised by organization/department**
Explanation of process for control of distribution of alcohol only to people of age and within the scheduled facility, registration of guests and advertising: _____

G. Signatures/Person(s) Responsible:
 (The person responsible must be 21 years of age.)

I have read this application and understand our organization’s responsibilities and liabilities in regard to campus policies and state statutes relative to the service of alcohol beverages and affirm that all information reported above is complete and accurate.

Person Responsible (See Above):

 (Name - Printed) (Department or Organization) (Position)

 (Signature) (Phone) (E-Mail Address)