Southeastern Technical College
Request to Serve Alcoholic Beverages

Event Sponsor: ________________________________

Address: ________________________________ Phone: (____) __________

City State Zip

Designated Supervisor: ________________________________

Address: ________________________________ Phone: (____) __________

Is the Supervisor an individual who is at least 21 years old? Yes ____ No ____

Date of Event: ___________ Beginning Time: ___________ Ending Time: ___________

Estimated Attendance: ___________

Location requested:

_____ Atrium _____ Tattnall Auditorium (236 person capacity)

_____ EDC Conference Center _____ Toombs Auditorium (776 person capacity)

_____ Building 6 _____ Boatwright Auditorium

_____ ** Other Location: __________________________________________

** Waiver must be requested.

Has permission to use the facility been granted? Yes ____ No ____

Type of Event: ________________________________

Times that alcoholic beverages are to be served during the event:
(May not exceed a total of two hours.)

Begin: ___________ End: ___________

Begin: ___________ End: ___________

Will any person under age 21 be solicited or invited to attend? Yes ____ No ____

If the answer is yes, describe the precautions that will be taken to ensure that persons under 21 years of age are not served alcoholic beverages. (Must include a sign indicating that no alcoholic beverage will be served to anyone less than 21 years of age and that an ID will be required.)

What is the source of funds for the purchase of alcoholic beverages? (May not be state funds, proceeds from the admission fees or tickets or other charges to attendees.)
What type of alcoholic beverages will be served?
(Beer / Wine / Fortified Wine / Mixed Beverages)

Please specify the types of nonalcoholic beverages and food that will be offered at the event:

Will there be a need for storage of alcoholic beverages either preceding or following the event?

   Yes _____    No _____

If so, how will these beverages be secured?

**Terms and Conditions of Approval**

In consideration of approval to hold the event at the requested location and to serve alcoholic beverages, I agree on behalf of the Sponsor to the following terms and conditions:

   1. That the serving of alcoholic beverages at this event will be conducted as described in this Request to Serve Alcoholic Beverages form and in compliance with Technical College System of Georgia's Policies and Procedures regarding Use of Alcohol, a copy of which is attached and made a part of this Agreement, and will be conducted in compliance with state and local law.

   2. There shall be no advertisement that alcoholic beverages may be served at Southeastern Technical College.

The Sponsor agrees to indemnify and hold harmless, the State of Georgia, the Technical College System of Georgia and Southeastern Technical College and their employees for any and all losses, including legal fees resulting from the use of alcoholic beverages at the sponsored event.

Supervisor: ______________________________

Title or Capacity: ______________________  Date: ______________

Approved or Denied (circle one)

Comments:

________________________________________  __________________________

President, Southeastern Technical College  Date