

University of Florida

ALCOHOL & INSURANCE FORM

Return to: University of Florida Development Corp.
Attention: Kara Sue Cobb
PO Box 115575; Gainesville, FL 32611-5575
or FAX to 352-294-0987

Please Print

Organization/Event _____
Person Completing Form _____ Phone _____
E-Mail Address _____ Anticipated Number in Attendance _____
Name of Event _____ Date _____ Time _____

Event Location

_____ Government House
_____ Sala de Montiano
_____ Other

Other Location (Describe) _____

Is this event co-sponsored? ____ Yes ____ No

If yes, list cosponsor(s). _____

This event requires an entry (or participation) fee/contribution of _____ or _____ is free to everyone.

Describe your plan for checking IDs. _____

List of name(s) of the person(s) or vendor who will serve the alcohol. _____

Alcohol license provided by: _____

Is this a licensed vendor? ____ Yes ____ No

Alternative Beverages that will be provided: _____

Food provided by: _____

I understand that all events at which alcoholic beverages will be served must comply with the University of Florida's Alcoholic Beverages Rule, Rule 6C1-2.019, F.A.C. <http://www.generalcounsel.ufl.edu/rules2.htm> and the University's Alcohol Policy <http://www.ufsa.ufl.edu/ovp/alcohol/policies/policy.html>.

APPROVED DENIED _____ DATE _____
UF Historic St. Augustine, Inc.

