UTA GREEK LIFE
THIRD PARTY VENDOR ALCOHOL FUNCTION REGISTRATION

Date of Application:_____
(must be submitted at least 5 business days prior to the function)

Organization:_____

Co sponsors:_____

Description or type of Event:_____
_____
_____

Date of Event:_____

Beginning Time:_____ Ending Time: _____

Location/Address of Event:_____

Number of Persons invited:_____

If desired, number of wristbands requested:_____

A. The vendor must be properly licensed by the State of Texas. This involves a liquor license to sell on the establishment premises. A copy of this license must be attached.

B. The vendor must be properly insured with a minimum of $1,000,000.00 of general liability insurance, evidence to be shown by the insurance provider. A copy of this insurance must be attached.

I have read and understand the UTA Greek Alcohol Policy; and in compliance with this policy, I will be present during the duration of the function so that this organization can have alcohol present. I also understand that if I cannot be present at the function, I must notify the Department of Student Activities.

_____ _____
Signature of Organization Representative Phone #

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_____ _____
Signature of Chapter Advisor Phone #