Guidelines for Serving Alcohol for Departments

To obtain permission to serve alcohol at an event, please read and sign this document and complete the attached Event Alcohol Approval Form. Both documents must be filled out and submitted to coordinate at least (14) business days prior to your event.  

The following guidelines must be strictly followed:

• Persons serving alcohol must be at least 21 years old and have completed UCARE training or must be a licensed bartender with appropriate insurance coverage.
• Amounts of alcohol to be served must be discussed with the Student Centers. This amount should be determined by the length of the event and the anticipated number of guests.
• Departments must designate one full time staff or faculty member to be responsible and present for the entire duration of the event. For large events, additional persons may be required. It is strongly recommended that all responsible parties attend UCARE training.
• Only beer and wine may be served unless there is written consent from the Student Centers.
• For events where individuals under 21 may be present, University staff or faculty members or a licensed bartender must check identification and serve the alcohol.
• Guests 21 years old and over will be allowed a maximum of three reasonably sized drinks; fewer drinks may be allowed depending on the length of the event. All precautions must be taken that event participants do not drink excessively. The number of drinks consumed must be strictly monitored.
• Appropriate precautions must be taken to ensure that event participants under 21 do not have access to alcoholic beverages.
• Sufficient amounts of non-alcoholic beverages must be available.
• Adequate quantities of non-salty food must be served.
• Consumption of alcoholic beverages will be limited to an approved area, usually a closed room or section of the building. The organization sponsoring the event is responsible for ensuring that alcohol is consumed only in the designated area and not carried outside the area or the building.
• Individuals are not allowed to bring their own alcohol to an event.
• There may be no reference to the availability of alcohol in any publicity for the event.
• No alcohol may be served during the last half hour of the event.

I have read and agree to all of the above guidelines

Name________________________________________ Date____________________________________

Signature________________________________________ Dept.____________________________________

University of Chicago Alcohol Risk-reduction Education (UCARE) is available Health Promotion and Wellness. Please call (773) 702-8935 or visit http://tiny.cc/ucare for more information.
Department Alcohol Notification/Approval Form

Please complete and return this form to the Student Centers at least (14) business days prior to the event.

Department Name ________________________________________________________________
Contact Name ________________________________________________________________
Email Address: ____________________________ Phone Number: _______________________
Event Name: ____________________________ Event Date: ____________________________
Event Starting Time: _______________________ Event Ending Time: ____________________
Expected Total Attendance: __________________ Expected Attendance over 21: _____________
Event Location: __________________________________________________________________
Purpose of the Event:

Please describe the systems you will use to check IDs and serve the alcohol and/or name of bartending service:

Type/Amount of Alcohol to be served (include serving size): _____________________________
Type/Amount to Non-Alcoholic Beverages to be served: _________________________________
Type/Amount of Food to be served: ________________________________________________

Administrator(s)/Individual(s) responsible for overseeing alcohol distribution during event:

Name__________________________ Name__________________________
Title__________________________ Title__________________________
Email__________________________ Email__________________________
Signature______________________ Signature______________________
If applicable:
UCARE Date Completed_____________ UCARE Date Completed_____________

Student Centers USE ONLY

Event Approved by:____________________ Date:____________________