This application must be submitted 60 days in advance of the event.


Complete and Email application to the tcasciano@westfield.ma.edu

Alcoholic Review Board (ARB)
ARB will review and act on Alcoholic Beverages Event Applications when completed by a University recognized student groups, Faculty and Staff groups and all external groups. ARB then forwards the application with their recommendations to the Dean of Students. After reviewing the application, the Dean of Students is responsible for authorizing all proposed alcoholic beverage related events.
Note - Alcohol-related student events are not typically approved for scheduling on nights preceding class days.

Group Responsibility
Any group sponsoring an alcoholic beverage related event must first complete and submit an Alcoholic Beverages Event Application and must have a Room Reservation Confirmation obtained through the Event Management System (EMS) or the Office of Event Management, (413)572-5580. This is the responsibility of the group/host.

APPLICATION

SPONSORING GROUP INFORMATION

Group Name ____________________________________________

Responsible Person Hosting Event ____________________________ Phone # _________

Host Email Address _______________________________________

Faculty/Staff Advisor Attending Event __________________________ Phone # ___________

PROPOSED EVENT DESCRIPTION

Event Title _______________________________________________

Event Location _______________________________ Date/Time _______________ Desired Attendance ________________

Please check all applicable boxes to describe the nature of this event request:

___WSU audience event ___Outside guests ___Open to public ___Over 21 event ___All-age event

SPONSORS AFFIDAVIT

I certify that the information contained in this Application is correct and may be communicated to other University officials. Furthermore, I understand and accept all terms and conditions stated in this Application and attached documents. In addition, I accept responsibility for providing complete information to University officials upon their request and will follow Massachusetts Law or University Policy.

REQUIRED SIGNATURES

_________________________________________ Date

Person Hosting Event

_________________________________________ Date

Faculty/Staff Advisor Attending Event (if applicable)
POLICE/ PUBLIC SAFETY REQUIREMENTS (TO BE FILLED IN BY CHIEF OF UNIV. POLICE)

City Police @ $_____/hr.     WSU Police @ $_____/hr.     DPS Student Safety Assistant @ $_____/hr.

Signature – Chief or Designee ___________________________ Date __________________________

FOOD AND NON-ALCOHOLIC BEVERAGES

Please state types of Food & Non-alcoholic Beverages to be served


ALCOHOLIC BEVERAGES REQUEST (Sponsor is responsible for alcohol license, bar and bartender charges)

___ Beer and wine    ___ Full service
___ Cash bar        ___ Bar billed to sponsor

Signature – Food Services Manager or Designee /University Alcohol Licensee

____________________________________________ Date_______________

(THIS SECTION TO BE COMPLETED BY THE ARB ADMINISTRATOR)

☐ Application Acceptance; ☐ Application Rejection; ☐ See Comments

Comments/Additional Requirements:


Dean of Students

☐ Application Approved; ☐ Application On-Hold; ☐ Application Rejected: ☐ See Comments:

Comments:


Dean of Students Signature ___________________________________________ Date __________________________

Updated 2/2022