

WESTFIELD STATE UNIVERSITY
Alcoholic Beverages Event Application

INFORMATION & GUIDELINES

Updated 7/21

Alcoholic Beverages Event Application forms are available on the Department of Public Safety/University Police Webpage. <http://www.westfield.ma.edu/offices/departments-of-public-safety>

Email application to the tcasciano@westfield.ma.edu

University Special Events Alcoholic Beverages Review Board (ARB)

- This Board will review and act on Alcoholic Beverages Event Applications when completed by University recognized student groups, Faculty and Staff groups and all external groups. ARB then forwards the application with their recommendations to the Vice President of Student Affairs (VPSA). After reviewing the application, the VPSA 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.

Host Responsibility

- The host of an alcoholic beverages related event is responsible for adhering to University policy and responsible for informing event participants of the existence of pertinent University policy.
- Students found in violation of the Student Conduct Policies are subject to disciplinary action as outlined in the current Student Handbook.
- Any person attending the event who is found in violation of Massachusetts Law may face criminal charges.

Group Responsibility

- Any group sponsoring an alcoholic beverage related event must first complete and submit an Alcoholic Beverages Event Application prior to the event Room Reservation Confirmation, obtained through the Event Management System (EMS) or the Office of Event Management, is the responsibility of the group.
- **This application must be submitted**
⇒ **60 calendar days in advance of the event.**
- If requested, the host of a proposed alcoholic event is expected to attend an ARB hearing to review the proposed event and to negotiate program modifications deemed necessary by the ARB.

In addition to submitting the Alcoholic Beverages Event Application in advance, the group must also accept responsibility for:

- Facility conditions, equipment use, and costs related to the event and to conduct of event attendees.
- Providing board-approved substantive food and non-alcoholic beverages for the duration of the event.
- Payment of all service providers in connection with the event.
- Not releasing alcoholic beverage service details until the ARB application is approved by the VPSA.
- Securing a WSU faculty/staff advisor to be present for the duration of the proposed event.
- Understanding that failure to fulfill these responsibilities may jeopardize future event approval.

WESTFIELD STATE UNIVERSITY
Alcoholic Beverages Event Application
(To be submitted 60 days in advance of event)

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-ages" 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.

REQUIRED SIGNATURES

Person Hosting Event

Date

Faculty/Staff Advisor Attending Event (if applicable)

Date

CONFIRMATION OF EVENT SPACE: Please reserve space by using online Event Management System (EMS) or by contacting the Events Management office, (413) 572-5580.

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

(THIS SECTION TO BE COMPLETED BY THE ARB ADMINISTRATOR)

Members of the Alcohol Review Board (ARB) reviewed the enclosed event Application. The following action is hereby recommended:

- Application Acceptance;
- Application Rejection;
- See Comments

Comments/Additional Requirements:

ARB Signature

Date

Vice President of Student Affairs

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

Comments:

VP Student Affairs Signature

Date