

# THE COLLEGE OF NEW JERSEY ALCOHOL PERMIT

Distribution: Vice President for Student Life Office, Campus Police, CMS Coordinator, Organization/Sponsor

## 1. Description of Event

Date of application: \_\_\_\_\_ Date of event: \_\_\_\_\_ Hours of event: \_\_\_\_\_ to \_\_\_\_\_  
Location of event: \_\_\_\_\_ Type of event: \_\_\_\_\_  
Individual planning the event: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Requesting organization: \_\_\_\_\_  
Who will attend? Staff \_\_\_\_\_ Faculty \_\_\_\_\_ TCNJ students \_\_\_\_\_ Non-TCNJ students \_\_\_\_\_

## 2. Criteria Concerning the Planned Use of Alcohol

Will the event be B.Y.O. (Bring Your Own)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not B.Y.O., then who is paying for the alcohol? \_\_\_\_\_  
Amount and type to be purchased: \_\_\_\_\_  
How will alcohol be served? \_\_\_\_\_  
Is there an admission fee for the event? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, has an outside permit been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
Permit #, if applicable: \_\_\_\_\_

## 3. Security Concerns

Will there be a need for Campus Police coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what arrangements have been made with Campus Police?  
\_\_\_\_\_

If no, what other security arrangements have been established?  
\_\_\_\_\_

What screening procedures will be provided at entrance?  
\_\_\_\_\_

Persons in attendance who will be responsible for guests' behavior: (Provide name, address and daytime phone number for at least two individuals)  
\_\_\_\_\_  
\_\_\_\_\_

## 4. Approvals

For all events, the Student Life Executive Assistant must indicate approval, along with the Student Center scheduler when the use of campus facilities is involved.

CMS Conference Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Community Standards: \_\_\_\_\_ Date: \_\_\_\_\_

Lynette Harris