

Alcohol Compliance Form

This form must be **submitted to events@rider.edu** 30 days in advance of the event date that you are requesting alcohol is served. A copy of the event catering order must be submitted with completed form. If you have questions regarding your event and/or the approval of your Alcohol Compliance Form please contact Auxiliary Services at (609) 896-7700 or email events@rider.edu.

If a fee is being charged for attending the function or alcoholic beverage(s), a Social Affairs permit must be filed with the New Jersey Division of Alcoholic Beverage Control. Auxiliary Services will assist with the application but the hosting department is responsible for paying associated fees.

Rider University Internal Groups: All alcohol for events being held on campus must be ordered through through Event Operations, who will also schedule Rider employee Catering Bartender(s) to work the event. Departments may not purchase alcohol on their own to be served on campus. Self-serving of any alcohol on campus is not permitted.

Contact Information	
Date of form submission	
Sponsoring Group	
Contact Person	
Phone Number	
E-mail Address	
Event Information	
Name of Event	
Event Date	
Event Start Time	
Event End Time	
Event Location <i>Include rain location if applicable.</i>	
Expected Attendance	
Is there a fee associated with attending the event?	YES NO
Will you be selling alcohol? (Cash bar, drink tickets, etc.)	YES NO
Type of Alcohol being served <i>Please check all that apply.</i>	<input checked="" type="checkbox"/> BEER <input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR
Have you submitted your alcohol list to events@rider.edu?	YES NO

I agree that only persons of legal drinking age will have access to alcoholic beverages. In addition, I understand that I must remain aware of intoxication levels of person leaving the event to guard against their driving while intoxicated. I also understand that I am responsible for insuring compliance with the Rider University Alcohol Policy and the New Jersey statutes.

Signature

Date

AUXILIARY SERVICES APPROVAL

Signature

Date