

Lewis & Clark College
Alcohol Use Approval Form

In compliance with state and federal laws including the Drug-Free and Communities Act and the Drug-Free Workplace Act, Lewis & Clark College prohibits the service of alcohol to, or the consumption by, any person who is under the age of 21 or intoxicated. Alcohol must be served by qualified catering employees who may terminate alcohol beverage service at any time. Beverage service consists of wine, beer, and champagne only. Identification will be checked for all guests who appear to be under 26 years of age.

The following information is being gathered to ensure compliance with the College's *Alcohol and Other Drugs Policy* and Oregon Liquor Control Commission regulations. Information regarding the College's *Alcohol and Other Drugs Policy* is available upon request. If guests are charged for alcoholic beverages, an appropriate Oregon Liquor Control Commission (OLCC) license is also required.

Applicant Information

Organization/Sponsor: _____

Address: _____

Phone #: _____ Fax #: _____

Event Information

Event: _____ Date of Event: _____

Opening hour: _____ A.M./P.M. Closing hour: _____ A.M./P.M.

Location: _____

Estimated Attendance: _____ Over 21: _____ Guests under 21: _____

Distribution of Alcohol at Event

Event Will be: Hosted Not Hosted (Purchase at Event)

If money is changing hands at event, OLCC License is required.

Do You Need An OLCC License? Yes No

*If "yes," please make arrangements for the OLCC License through:
Michael Ford, Associate Vice President for Campus Life
Office of the Provost, 0615 SW Palatine Hill Road, MSC 37, Portland, OR 97219-7899
E-mail: mford@lclark.edu Phone: (503) 768-7216 Fax: (503) 768-7205*

Type and Amount of Alcohol to be Served: _____

Type and Amount of Food to be Served: _____

Method of Identifying and Serving Those of Legal Age: _____

Means of Controlling Access to Alcoholic Beverages*: _____

** Should you need assistance with problem drinkers, contact Campus Safety at (503) 768-7777.*

The Applicant, hereby warrants and confirms that the information contained within, to the best of his/her knowledge, is true and correct, and further certifies that he/she has read all of the questions and answers of this application.

The Applicant understands and agrees that the completion of this application shall not be binding until accepted by the Office of the Provost.

Date: _____
SIGNATURE: Applicant

Date: _____
SIGNATURE: Authorized College Representative
(one from Associate Vice President for Campus Life,
Dean of Students, Associate Dean of Law School,
Associate Dean of Graduate School)

Date: _____
PRINTED NAME: Applicant

Date: _____
PRINTED NAME: Authorized College Representative

Day: () _____ Eve: () _____
DAY & EVENING PHONE NUMBERS

() _____
OFFICE PHONE NUMBER

() _____
FAX NUMBER

() _____
OFFICE FAX NUMBER

COMPLETED BY OFFICE OF THE PROVOST

Final Determination: Approved by: _____ Denied by: _____

Comments: _____

- | | | |
|---------------|----------------------------------|--|
| cc: Applicant | <input type="checkbox"/> By Mail | <input type="checkbox"/> By Fax |
| Bon Appétit | <input type="checkbox"/> MSC 181 | <input type="checkbox"/> By Fax: x7899 |
| Campus Events | <input type="checkbox"/> MSC 105 | <input type="checkbox"/> By Fax: x7106 |
| Campus Safety | <input type="checkbox"/> MSC 107 | <input type="checkbox"/> By Fax: x7863 |
| Provost | <input type="checkbox"/> MSC 37 | <input type="checkbox"/> By Fax: x7205 |