

## ILLINOIS INSTITUTE OF TECHNOLOGY

Complete this form and forward to the Administration & Finance Office, Suite #265. No alcohol service can occur without the completion of this form in its entirety.

## **SERVICE INFORMATION**

Check below the attiliation a	nd those who will be present at the	event where alcohol will be	served:
□ DTC Chicago-Kent Coll □ Illinois Tech Mies Camp □ Non-IIT Affiliated	•	<ul> <li>Students, Staff and/or Faculty</li> <li>Other guests (please describe below)</li> <li>Possible minors may be present</li> </ul>	
	EVENT INF	<u>ORMATION</u>	
Date Tir	me Location	tion Estimated Attendance	
Purpose of event:			
Comments:			
	HOST NFO	RMATION	
Printed Name and Host Gro	ир		
Signature	Email		Phone
Print Sponsor's Name	alcohol will be served.  Email		Sponsor's Signagture
	PROVIDER INFORMATI	ON and SIGNATURE	
Any vendor providing alc	ohol service must be licensed and	bonded in the State of Illinois	s. Caterer must sign below:
Canteen bartender's sig	nature Outside bartender	(supply caterer's name, contac	ct person, email, phone number)
AND STUDENT ORGANIZA	MUST BE IN COMPLIANCE WITH ATION POLICIES. NO ALCOHOI TY-ONE. NO ALCOHOL WILL B	L WILL BE SERVED TO AN	YONE UNDER THE LEGAL
	RESTRICTIONS (To be filled o	ut by Administration & Finance	<u>ce)</u>
	AUTHOR		
Signature #1	 Date	Signature #2	Date