ILLINOIS INSTITUTE OF TECHNOLOGY ALCOHOL SERVICE REQUEST FORM

Complete this form and forward to the Office of the Dean of Students in MTC 209 (fax 78917). No alcohol service can occur without the completion of this form in its entirety and approval by university officials. Complete this form and forward to the Event Services (events@iit.edu or 312-567-3701). IIT Event Services will route to appropriate departments for approval. Copies of this form will be retained by the Dean of Students Office, IIT Catering Services, IIT Event Services and the hosting group.

		SERVICE INFORI	MATION		
Check below tho	se who will be present and s	served alcohol:			
	☐ Faculty] Undergraduate stu	idents and their	guests
	☐ Staff		Other guests (pleas	se describe belo	ow)
	☐ Parents of Students] Graduate students		
		EVENT INFORM	MATION		
Date:	Time:	Location:		Estimate Atter	ndance:
<u> </u>				Louisiate	<u> </u>
Purpose of event	t:				
Comments:					
		HOST INFORM	//ATION		
Sponsoring group	p(s) and individual submittin	ng request			
Signature of Pers	son Submitting Request	Т	itle		Date
Address	City		State	Zip	Phone #
Will IIT-Catering	Services be serving the alcoh	PROVIDER INFO	_	no, please comp	olete the following:
Name of Compar	ny Con ¹	tact person	Address		Phone#
NOTE: Any vendo	or providing alcohol service	must be licensed a	nd bonded in the Sta	ate of Illinois.	
	ICE MUST BE IN COMPLIANCE WIT HOL WILL BE SERVED TO ANYONE OXICATED.				
		RESTRICTIO	NS		
		AUTHORIZAT	ION		
Department Hear (If students will be puthe Dean of Students	resent must be signed by		Vice President for A	Administration	