



OFFICE OF EVENTS AND CONFERENCES
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680
 Phone (201) 684-7590 Fax (201) 684-7097
 www.ramapo.edu

ALCOHOL PERMIT APPLICATION

1. Title of Event _____
2. Specific Location _____
3. Date of Event _____ 4. Day of Week _____
5. *Start Time _____ End Time _____
 *For internal programs, start time must begin after close of College business hours.
6. Sponsor _____
7. Number of guests anticipated: RCNJ Faculty/Staff _____ RCNJ Students _____ Others _____
8. Alcoholic Beverage(s) to be served _____
9. Total quantity of alcoholic beverage to be purchased and served _____
10. Non-alcoholic beverage(s) to be served (required) _____
11. Food being served (required) _____
12. Are guests buying a ticket in advance or at door? Yes ___ No ___ 13. Cash Bar? Yes ___ No ___
14. Name of Person Responsible _____
 Department/Office _____
 Phone _____ E-Mail _____
15. Name of Server/Bartender _____

Acknowledgements

1. I hereby indicate that I will assume responsibility for ensuring that only individuals legally eligible to consume alcoholic beverages will be permitted to do so at this function, and that no eligible individual will be permitted to consume an excessive amount of alcoholic beverages.
2. I acknowledge that I am aware of and have read the RCNJ Alcohol and Other Drug Policy.
<https://www.ramapo.edu/student-conduct/files/2017/07/ALCOHOL-AND-OTHER-DRUG-POLICY.pdf>
3. ***I understand that alcohol may not be served during RNCJ business hours for internal programs.***

Name of Requestor (Print)	Sponsoring Division or Academic School
Signature of Requestor	Signature of Dean (if faculty requestor)
Date	Date

Complete & email form to lkavan@ramapo.edu or drop off to D211 two weeks in advance.

For Official Purpose Only

Signature of Authorized Official _____

Notification

Dining Services _____

Public Safety _____

Events and Conferences _____

Permit Number _____

Date Issued _____

Bartender Provided by

Dining Services _____

CCHS _____

Other _____