

REQUEST FOR UNIVERSITY PERMISSION TO HOLD A FUNCTION WHERE ALCOHOL WILL BE SERVED BY A CATERING COMPANY

1.	Catering Company Full legal name of company:	
	Address:	City:
	Postal code:	Email:
	Telephone:	
		Contact name:
	Liquor License Number:	
2.	Event information	
	Event organizer/sponsor/host:	
	UBC Faculty/Unit name (if applicable):	
	Function:	Date of function:
	Building:	Room number/name:
	Attendance expected:	Start and end time alcoholist obeserved:
		d Consumption of Alcohol at University Events or on University Premises").
		Date:
	Dean:	
	Signature:	
	Faculty:	
4.	Scheduling Services	Required Documentation
	Event Room Capacity:	Certificate of Insurance
	Confirmed By:	LCLB Catering Authorization with license number and expiry date
	Date:	 Copy of any conditions or requirements of director/head/manager of the department or facility where event is to be held, or check

Email the completed form to room.bookings@ubc.ca