



## 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 alcohol is to be served: \_\_\_\_\_

3. This application must be authorized by the director/head/manager of the department or facility where the event is to be held.  
 On behalf of the University of British Columbia, I give permission to the above-named catering company to hold the above-noted function on the University premises identified above. This permission is conditional upon compliance with all applicable legislation, policies and procedures (including the policy entitled "Serving and Consumption of Alcohol at University Events or on University Premises").

Director/Head/Manager: \_\_\_\_\_  
 Department/Unit: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Faculty: \_\_\_\_\_

**4. Scheduling Services**

Event Room Capacity: \_\_\_\_\_  
 Confirmed By: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Required Documentation**

- Certificate of Insurance
- LCLB Catering Authorization with license number and expiry date
- Copy of any conditions or requirements of director/head/manager of the department or facility where event is to be held, or check if not applicable

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