

# Student Organization "OFF-CAMPUS" Activity Request Form

Please fill out this form completely. Your Chapter President and Advisor must sign this form before it is submitted to the Office of Greek Life/Student Life at least **two (2) weeks** before the event is to take place and before any advertising or solicitation begins.

Organization \_\_\_\_\_

Date Submitted \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Event (**Check one**)

- |                          |                         |  |
|--------------------------|-------------------------|--|
| <input type="checkbox"/> | Dance/Party/Social      | Date of Event _____  |
| <input type="checkbox"/> | Meeting                 | Start Time _____ End Time _____                                |
| <input type="checkbox"/> | Retreat/Ritual Ceremony | Location _____   |
| <input type="checkbox"/> | Fundraiser              | <i>If event is a fundraiser, how will the profits be used?</i> |
| <input type="checkbox"/> | Sporting Event          | _____  |
| <input type="checkbox"/> | Other _____             | _____  |

This event is (**Check one**)

- Open** to the Public (*This type of event **CANNOT** be held at "nightclubs, bars, or saloons"*)
- Closed** (*Invitation Only – Business is closed to the public & guest list policy is in effect*)
- For Chapter members and/or Advisors only

Will **alcohol** be served at this event? If **yes**, guest checklist must be attached to this document.

- YES** – Licensed person or business providing the alcohol \_\_\_\_\_
- NO**

Who will be providing security for this event? \_\_\_\_\_

NOTE: *Your organization must provide a copy of your "Proof of Insurance" to the Greek Life Office.*

## **REQUIRED SIGNATURES**

\_\_\_\_\_  
Chapter President or Designated Officer

\_\_\_\_\_  
VP for Inst. Advancement (**Fundraisers ONLY**)

\_\_\_\_\_  
Chapter Advisor

\_\_\_\_\_  
Greek Life Advisor/Dean of Student Life

# FIPG: Third Party Vendor Checklist

## The Chapter President:

Your chapter will be in compliance with the risk management policies of your national fraternity and FIPG if you hire a “third party vendor” to serve alcohol at your functions WHEN you can document the following checklist items.

The Vendor Must:

1. Be properly licensed by the appropriate local and state authority. This might involve both a liquor license and a temporary license to sell on the premises where the function is to be held.

*Attach Copies of State and Local Licenses to the Checklist*

2. Be properly insured with a minimum of \$1, 000,000 of general liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider.

The above “certificate of insurance” must also show evidence that the vendor has, as part of his coverage, “off premise liquor liability coverage and non-owned and hired auto coverage.”

The certificate of insurance should name as additional insured (at a minimum) the local chapter of the fraternity hiring the vendor as well as the national fraternity with whom the local chapter is affiliated.

*Attach a Copy of the Certificate of Insurance and Highlight Required Clauses*

3. Agree in writing to cash sales only, collected by the vendor, during the function.

4. Assume in writing all the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

- A. Checking identification cards upon entry;
- B. Not serving minors;
- C. Not serving individuals who appear to be intoxicated;
- D. Maintaining absolute control of ALL alcoholic containers present;
- E. Collecting all remaining alcohol at the end of function (no excess alcohol – opened or unopened – is to be given, sold or furnished to the chapter.)
- F. Removing all alcohol from the premises.

*Attach a Written Agreement Signed and Dated by the Chapter President and the Vendor Stipulating Agreement to the Items Required in #3 and #4 Above*

This form must also be signed and dated by both the chapter president and the vendor. In doing so, both parties understand that only through compliance with these stipulations will the chapter be in compliance with FIPG and national requirements.

\_\_\_\_\_  
Chapter President’s Signature & Date

\_\_\_\_\_  
Vendor’s signature/Company & Date