**Student Organization “OFF-CAMPUS” Activity Request Form**

Please fill this form completely. All signatures (Chapter President, Advisor and Owner/Manager of Business) are required before the form is submitted for consideration. It may not be considered if it is within ***two (2) weeks*** *of* the event. The Event shall be **APPROVED** before any advertising or solicitation begins.

Organization Date Submitted

Contact Person Telephone

Email Address

Type of Event (check one)

Name of Event [ ]  Dance/Party/Social

Date of Event [ ]  Meeting

Start Time End Time [ ]  Retreat/Ritual Ceremony

Location [ ]  Fundraiser

Address [ ]  Sporting Event

If event is a fundraiser, how will the profits be used? [ ]  Other

This event is (check one)

[ ]  **Open** to the public (**cannot** be held at “nightclubs, bars, or saloons”)

[ ]  **Closed (**invitation only) business is closed to the public and guest list must be turned 48 hours prior to the event

[ ]  For chapter members and/or advisors only

[ ]  Will alcohol be served or sold? [ ]  Yes [ ]  No

If yes, licensed person or business providing the alcohol

Name and number of **Police Officer** who will be providing security for this event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of **F.I.P.G** who will be attending this event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of **F.I.P.G** who will be attending this event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of **Chapter’s Risk Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***REQUIRED SIGNATURES***

Chapter President **(ONLY)** Manager/Owner of Business

Chapter Advisor **(ONLY)** Manager/Owner contact phone number

 Greek Affairs Date

**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.

***Signatures below states that the Chapter and the Vendor will adhere to the required items #3 and #4 above.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter President’s Signature & Date Vendor’s signature/Company & Date

**Risk Management**

**Please note that a copy of the approved activity form must be at the event.**

1. Invited guest list must be turned in 48 hours after approval of the event.
2. Two Risk Managers must be present at all events that alcohol is served or sold
3. Attended list of guests along with the checklist must be turned in 24 hours after the event.

***FUTURE EVENTS ARE DENIED/CANCELLED IF PAPERWORK DEADLINES ARE NOT MET.***