

## Nicholls State University Student Organizations

### OFF-CAMPUS ACTIVITY WITH ALCOHOL REQUEST FORM

- All signatures (Chapter President, Advisor and Owner/Manager of Business) are required BEFORE the form is submitted for consideration.
- In order to be considered, this form must be submitted in FULL, three (3) weeks prior to the date of the event.
- The event must be APPROVED by Student Engagement or Greek Life before any advertising or solicitation begins.
- Invited guest list must be turned in 48 hours after approval of the event.
- Two Risk Managers/FIPG must be present at all events where alcohol is served or sold.
- Attended list of guests, along with the Risk Management Checklist, must be turned in 24 hours after the event
- Future events may be denied/cancelled if paperwork deadlines are not met.

Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Type of Event:

Party/Social  Meeting  Retreat/Ritual  Fundraiser  Sporting Event  Other \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address: \_\_\_\_\_

If event is a fundraiser, how will the profits be used \_\_\_\_\_

This event is:

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 in 48 hours prior to the event.

Licensed person or business providing the alcohol: \_\_\_\_\_

Police officer who will be providing security for the event:

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

#### Required Signatures

\_\_\_\_\_  
Chapter President (Only)

\_\_\_\_\_  
Business Owner/Manager

\_\_\_\_\_  
Chapter Advisor (Only)

\_\_\_\_\_  
Business Contact Number

\_\_\_\_\_  
Student Engagement/Greek Life Approval

\_\_\_\_\_  
Date

## Nicholls State University Student Organizations

# RISK MANAGEMENT FOR STUDENT ORGANIZATION ACTIVITY WITH ALCOHOL FORM

### Risk Manager/FIPG: Third Party Vendor Checklist

#### THE ORGANIZATION/CHAPTER PRESIDENT:

Your Organization/Chapter will be in compliance with the risk management policies of your organization 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 to sell on the premises where the function is to be held.

**ATTACH COPIES OF STATE AND LOCAL LICENSES TO THIS CHECKLIST**

2. Be properly insured with a minimum of \$1,000,000 of general liability insurance, evidence 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 coverage." The certificate of insurance must 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 responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

- A. Checking identification card 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 a function (no excess alcohol—opened or unopened—is to be given, sold or furnished to the chapter);
- F. Removing all alcohol from the premises.

This form must also be signed and dated by both the organization/chapter president and the vendor.

In doing so, both parties understand that only through compliance with these stipulations will the organization/chapter be in compliance with FIPG and national requirements.

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Chapter President's Signature

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Date

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Vendor's Signature/Company

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Date

### Risk Managers/FIPGs Attending

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_