



## Alcohol Compliance Form

This form must be submitted to [events@rider.edu](mailto:events@rider.edu) in Auxiliary Services 30 days in advance of the event date that you are requesting alcohol is served. If you have questions regarding your event and/or the approval of your Alcohol Compliance Form, please contact Auxiliary Services at (609) 896-7700.

*If a fee is being charged for attending the function or alcoholic beverage(s), a Social Affairs permit must be filed with the New Jersey Division of Alcoholic Beverage Control. Auxiliary Services will assist with the application for internal events, but the hosting department is responsible for paying associated fees.*

**Rider University Internal Groups:** All alcohol for events being held on campus must be ordered through Event Operations, who will also schedule Rider Employee Catering Bartender(s) to work the event. Departments may not purchase alcohol on their own to be served on campus. Self-serving of any alcohol on campus is not permitted.

Contact Information	
Date of form submission	
Sponsoring Group	
Contact Person	
Phone Number	
E-mail Address	
Event Information	
Name of Event	
Event Date	
Event Start Time	
Event End Time	
Event Location	
<i>Include rain location if applicable.</i>	
Expected Attendance	
Is there a fee associated with attending the event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will your event include any fees such as entry ticket, cash bar, drink tickets, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Alcohol being served	<input type="checkbox"/> BEER <input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR
<i>Please check all that apply.</i>	
Please submit your alcohol list to <a href="mailto:events@rider.edu">events@rider.edu</a> .	

I agree that I will not serve alcohol and that only University authorized servers/bartenders will serve alcohol at University events. In addition, I agree that at all times I will comply with the Rider University Alcohol Policy and applicable New Jersey statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### AUXILIARY SERVICES APPROVAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date