

**WESTFIELD STATE UNIVERSITY**  
**Student, Faculty, Staff, & External Groups-Alcoholic Beverages Event Application**  
**INFORMATION & GUIDELINES**

**This application must be submitted 60 days in advance of the event.**

Alcoholic Beverages Event Application for is available on the Department of Public Safety/University Police Webpage.  
<http://www.westfield.ma.edu/offices/department-of-public-safety>

Complete and Email application to the [tcasciano@westfield.ma.edu](mailto:tcasciano@westfield.ma.edu)

**Alcoholic Review Board (ARB)**

ARB will review and act on Alcoholic Beverages Event Applications when completed by a University recognized student groups, Faculty and Staff groups and all external groups. ARB then forwards the application with their recommendations to the Dean of Students. After reviewing the application, the Dean of Students is responsible for authorizing all proposed alcoholic beverage related events.

Note - Alcohol-related student events are not typically approved for scheduling on nights preceding class days.

**Group Responsibility**

Any group sponsoring an alcoholic beverage related event must first complete and submit an Alcoholic Beverages Event Application and must have a Room Reservation Confirmation obtained through the Event Management System (EMS) or the Office of Event Management, (413)572-5580. This is the responsibility of the group/host.

**APPLICATION**

**SPONSORING GROUP INFORMATION**

Group Name \_\_\_\_\_

Responsible Person Hosting Event \_\_\_\_\_ Phone # \_\_\_\_\_

Host Email Address \_\_\_\_\_

Faculty/Staff Advisor Attending Event \_\_\_\_\_ Phone # \_\_\_\_\_

**PROPOSED EVENT DESCRIPTION**

Event Title \_\_\_\_\_

Event Location \_\_\_\_\_ Date/Time \_\_\_\_\_ Desired Attendance \_\_\_\_\_

**Please check all applicable boxes to describe the nature of this event request:**

WSU audience event  Outside guests  Open to public  Over 21 event  All-age event

**SPONSORS AFFIDAVIT**

I certify that the information contained in this Application is correct and may be communicated to other University officials. Furthermore, I understand and accept all terms and conditions stated in this Application and attached documents. In addition, I accept responsibility for providing complete information to University officials upon their request and will follow Massachusetts Law or University Policy.

**REQUIRED SIGNATURES**

\_\_\_\_\_  
Person Hosting Event

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Staff Advisor Attending Event (if applicable)

\_\_\_\_\_  
Date

**POLICE/ PUBLIC SAFETY REQUIREMENTS (TO BE FILLED IN BY CHIEF OF UNIV. POLICE)**

City Police @ \$ \_\_\_\_\_ /hr. WSU Police @ \$ \_\_\_\_\_/hr. DPS Student Safety Assistant @ \$ \_\_\_\_\_/hr.

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Signature – Chief or Designee \_\_\_\_\_ Date \_\_\_\_\_

**FOOD AND NON-ALCOHLIC BEVERAGES**

Please state types of Food & Non-alcoholic Beverages to be served

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**ALCOHOLIC BEVERAGES REQUEST ((Sponsor is responsible for alcohol license, bar and bartender charges)**

\_\_\_\_ Beer and wine      \_\_\_\_ Full service  
\_\_\_\_ Cash bar          \_\_\_\_ Bar billed to sponsor

Signature – Food Services Manager or Designee /University Alcohol Licensee

\_\_\_\_\_ Date \_\_\_\_\_

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**(THIS SECTION TO BE COMPLETED BY THE ARB ADMINISTRATOR)**

Application Acceptance;  Application Rejection;  See Comments

Comments/Additional Requirements:

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**Dean of Students**

Application Approved;  Application On-Hold;  Application Rejected:  See Comments:

Comments:

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\_\_\_\_\_  
*Dean of Students Signature*

\_\_\_\_\_  
*Date*