

CHFA Alcohol Policy Memo

CHFA Business Office
209 South College
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PERMISSION TO SERVE ALCOHOLIC BEVERAGES

Place:		Department Name:	
Date:		Department Address:	
Begin Time:		Department Phone:	
End Time:			
Type of Event:			
Sponsor:			
Approximate Number of People Attending:			
Requestor's Name:			
Requestor's Campus Mailing Address			

I have been informed of, and agree to comply with, all provisions of **BOT Policy** (<http://www.umass.edu/hfa/CHFABO/Alcohol/alcpolicy.doc>) and **State and Federal** Statutes governing alcoholic beverages.

Requestor's Signature: _____ Date: _____
Title: _____

APPROVED:

Joel Martin
Dean, College of Humanities and Fine Arts