UBC Alcohol Permission Form

This form is required for all outdoor events where alcohol is being requested to be served on the Vancouver campus

Check one:

☐ Alcohol is being provided and served by a catering company.
   1) Complete sections 1 and 3.
   2) Obtain the authorizations required in Section 4 from the Department/Faculty.

☐ Alcohol is being provided independently.
   1) Complete sections 1, 2 and 3.
   2) Obtain the authorizations required in Section 4 from the Department/Faculty.
   3) Submit the completed form to the Film & Events Office, Community Development and Transportation, a minimum 30 business days prior to the date of the event.
   4) The Film & Events Office will email the form to the RCMP to be attached to the online Special Events Permit (SEP). Details on the UBC Alcohol Permission Form must match the information on the SEP.

All AMS-constituted student organizations holding events on-campus where alcohol will be served are required to submit a copy of the event's Special Events Permit (SEP) to the AMS Student Bookings representative.

1. Organizer/Catering Company

   Name: ____________________________
   Organization/Catering Company: ____________________________
   Email: ____________________________
   Address: ____________________________
   Contact Phone: _____________________
   City: _____________________________
   Alternate Phone: ___________________
   Postal Code: _______________________

2. Read each item and confirm your acceptance

   ☐ I represent an organization that has organized and meets regularly or occasionally for a common purpose.
   ☐ I certify that the above-noted function is consistent with the purposes of the University.
   ☐ I have read and understand all requirements as outlined in the Special Event Permittee Resources and Information.
   ☐ I am in possession of a Serving it Right certificate and I accept responsibility for the conduct of visitors and guests at this function. Certificate required for events with 500 people or more. Copy of Serving it Right certificate attached.
   ☐ I am in possession of a Special Event Server certificate required for events with less than 500 attendees. Copy of certificate attached.
   ☐ I am aware of and understand the SEP legislation that permits the British Columbia Liquor and Cannabis Regulation Branch to assess fines for failure to enforce my legal responsibilities as the event host.
   ☐ I acknowledge that any fines imposed by the British Columbia Liquor and Cannabis Regulation Branch for SEP contraventions at my event will be my responsibility if the Organization is not a legal entity.
   ☐ Will underage attendees be permitted in the area where alcohol is being served?  ☐Yes  ☐No
   ☐ An Event Safety Emergency Response Plan (SERP) is attached for events over 100 attendees.

Signature of Organizer: ____________________________________________

January 31, 2023
3. Function Information

Function Name: ___________________________ Date of Function: ___________________________
Purpose: ___________________________ Start and End time of Function: ___________________________
Outdoor Event Location: ___________________________ Start and End time of Alcohol Service: ___________________________
______________________________ Attendance Expected: ___________________________

4. Authorizations

This application must be authorized by the Dean/Director of the Faculty/Unit, and where applicable, the Head/Manager of the Department.

On behalf of the University of British Columbia, I give permission to the Organizer to hold a function on the University premises as identified in section 3. This permission is conditional upon compliance with all applicable legislation (including the obtaining of a Special Events Permit pursuant to the Liquor Control and Licensing Act), all University policies and procedures, including University Policy SC9 – Serving and Consumption of Alcohol at University Facilities and Events.

Signature: ___________________________ Date: ___________________________
Dean/Director: ___________________________
Circle title and Print name

Signature: ___________________________ Date: ___________________________
Head/Manager: ___________________________
Circle title and Print name

5. Confirmed by Film & Events Office, Community Development and Transportation – C+CP

Signature: ___________________________ Date: ___________________________
Print name ___________________________

☐ Serving It Right or Special Event Server Certificate included
☐ 100+ attendees: Event Safety Emergency Response Plan (SERP) included