



Orange County Community College

Central Scheduling Office

115 South Street

Middletown, New York 10940

Phone: (845) 341-4720 Fax: (845) 341-4721

SUNY Orange Alcohol Service Permission Form

Event Date: _____

REQUEST FOR PERMISSION TO SERVE ALCOHOLIC BEVERAGES ON CAMPUS

Requestor Name: _____ Today's Date: _____

Group/Organization to be served: _____

Event Name: _____

Event Purpose/Description: _____

Event Date: _____ Day of Week: _____ Actual Start Time: _____ End Time: _____

Event Location: Building: _____ Room: _____

Person(s) directly in charge of
dispensing alcoholic beverages:
(verify age)

Will non-alcoholic beverages be available for those preferring same? _____ (Y/N)

Will non-OCCC affiliated persons be among guests? _____ (Y/N)

If yes, please provide a general description of this group:

I understand that no alcoholic beverage can be sold at the above event and that no person under 21 years of age can be supplied with an alcoholic drink.

Date

(Signature of person making request)

PLEASE SUBMIT TO:

THE OFFICE OF THE PRESIDENT
ORANGE COUNTY COMMUNITY COLLEGE
115 SOUTH STREET
MIDDLETOWN, NY 10940

The President's decision will be
returned on this form.
Approval is not to be assumed unless
this form is returned.

Do Not Write In Shaded Area Below

SUNY Orange Alcohol Service Request Decision

____ Approved

____ Disapproved

Requestor Name: _____

Event Date: _____

Comment: _____

Date

WILLIAM RICHARDS, PRESIDENT