



# Orange County Community College

Central Scheduling Office  
115 South Street  
Middletown, New York 10940  
Phone: (845) 341-4720 Fax: (845) 341-0683

## 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

\_\_\_\_\_  
Dr. Kristine Young, President