

Event

Third-Party Vendor
Event Form

Vendor Name: _____ Contact Person: _____

Address: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Facility Capacity: _____ Price Information: _____

As a third party vendor, I verify that the following things are true: (please initial)

- ____ 1. The establishment is properly licensed to serve/sell alcohol by the local and state authorities
- ____ 2. The establishment is properly insured with a minimum of \$1,000,000 of liability insurance
- ____ 3. Establishment is providing to the chapter a current certificate of insurance naming such as the certificate holder and as an additional insured.
- ____ 4. The establishment will not collect a cover charge and then provide free drinks throughout the event

As a third party vendor, I indicate my agreement to the following responsibilities: (please initial)

- ____ 1. Checking identification and guest list
- ____ 2. Not serving alcohol to those who are under the age of 21
- ____ 3. Not serving individuals who appear to be intoxicated
- ____ 4. Providing at least (2) security guards or allowing chapters to bring in their own form of security
- ____ 5. Providing visible identification of those who are 21 and above, or under 21 years of age
- ____ 6. Maintaining control of all alcoholic containers

Vendor's Signature

Date

Chapter President/Social Chair

Date

This form must be turned into the Program Advisor for Greek Life along with an event registration form and a completed guest list at least five business days prior to the event.