1184 West Main Street Decatur, Illinois 62522

This must be completed and attached to the Event Registration Form

The President MUST:

President Name

Vendor Representative Name

includes all events on or off campus.	CHECKIIST WILLI ANY EVENT REGISTRATION FORM FOR AN EVENT WILLI ALCOHOL. THIS
The Vendor MUST:	
(The Vendor must initial #1-4 below.)	
	priate local and state authority. This might involve both a liquor license and a where the function is being held. ATTACH COPIES OF STATE AND LOCAL
	um of \$1,000,000 of general liability insurance, evidenced by a properly d by the insurance provider. ATTTACH A COPY OF THE CERTIFICATE OF RED CLAUSES.
a. The above "certificate of insur "off premise liquor liability covb. For Greek Life: The "certification"	rance" must also show evidence that the vendor has, as part of his coverage, verage and non-owned and hired auto coverage" ate of insurance" must name as additional insured (at a minimum) the local g the vendor and the Inter/National fraternity with whom the local chapter is
3. Agree <u>in writing</u> to cash only sales	s, <u>collected by the vendor</u> , during the function.
normal course of business, including but n a. Checking identification car b. Designating those 21 year c. Not serving minors d. Not serving individuals wh e. Maintaining absolute conti f. Collecting all remaining ale be given, sold or furnished	rds upon entry rs of age and older (wristbands) no appear to be intoxicated rol of ALL alcoholic containers present cohol at the end of the function (no excess alcohol, opened or unopened, is to d to the organization)
*ATTACH A WRITTEN AGREEMENT S	SIGNED AND DATED BY THE PRESIDENT AND THE VENDOR TO THE ITEMS REQUIRED IN #3 AND #4 ABOVE.
	e President and Vendor. In doing so, both parties understand that only s will the organization be in compliance with Millikin University requirements blicable).

President Signature

Vendor Representative Signature

Date

Date