

IGC THIRD PARTY VENDOR FORM FOR UVA-WISE
(To be submitted with the IGC Risk Management Checklist)

Name of Event: _____

Participating Organization(s) _____

Name of Vendor: _____

Location of Event/Address: _____

Event: _____

Date of Event: _____

Time of Event: _____

The purpose of this statement is to verify responsibilities of the vendor during the above event.

The vendor assumes sole and complete responsibility for identifying underage and of-age attendees, serving any and all alcoholic beverages, and using an approved safe manner of distribution of said alcoholic beverages. The vendor will work with the organization(s) to assure that no person or persons are admitted to the location, under contract, that is not on the guest list or without an approved invitation. The vendor will take all possible measures to ensure that alcoholic beverages are served ONLY to guests of legal drinking age.

I also verify that this business has all required licenses and insurances (including liability insurance) regarding the selling and distribution of alcohol in accordance with federal, state and local laws.

Signed for vendor by owner or manager:

Print Name: _____

Signature: _____

Date: _____

Witness:

IGC Member Name (Print): _____

Signature: _____

Date: _____