Form A – Third Party Vendor Events

This contract is between the ___________________ Chapter at Iowa State University (Name of Organization) and _______________________, on the ______ day of _______., _______.
(Name of Vendor) (day) (month) (year)

The purpose of this agreement is for the Chapter to use a licensed vendor for providing services at a social event that is in full compliance with applicable laws and regulations of the federal government, state, county, city and Iowa State University.

The date of the social event is: ____________________________________________.

The location of the social event is: _________________________________________.

The Chapter agrees that it shall:

1. Follow the Office of Sorority and Fraternity Engagement Procedures for Registration and Requirement for Sorority and Fraternity Events Involving Alcohol and the ISU Student Disciplinary Regulations while in attendance at this social event.

2. Provide a copy of the Procedures for Registration and Requirement for Sorority and Fraternity Events Involving Alcohol to the Vendor.

3. Ensure that no patrons other than members and guests of the Chapter are present during this event.

4. Provide adequate supervision at the event.

5. Provide safe transportation to all patrons of the event and not permit intoxicated patrons to drive a vehicle to or from the meeting location for the common transportation.

6. Promptly pay Vendor for all monies due for the services provided.

In consideration of providing services to the event, the Vendor agrees that it shall:

1. Be properly licensed by the State of Iowa and appropriate local authority to sell alcohol at the location of this event.

2. Be insured with a minimum of $1,000,000 of general liability insurance (combined single limit per occurrence for bodily injury including death, personal injury, and property damage). Provide to the Chapter a properly completed original “Certificate of Insurance” prepared by the insurance provider.

   The above certificate of insurance must also show evidence that the Vendor has, as a part of their coverage, “off-premise liquor liability coverage” and “non-owned and hired auto coverage.”

   The certificate of insurance must also name, as additional insured, the local chapter of Iowa State University, the housing corporation of the Chapter, the national body of the fraternity, State of Iowa, Board of Regents (State of Iowa) and Iowa State University and shall provide 30 days notice of cancellation or material change of coverage to the certificate holders.

3. Agree in writing to individual drink sales only meaning that each guest is responsible for purchasing their own beverage, collected by the Vendor, during the event. Alcohol may not be purchased through the Chapter treasury or through pooling member funds. Drink “specials” and chapter subsidized drink pricing is expressly prohibited.
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4. Assume all the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:
   a. Checking Identification cards upon entry.
   b. Not serving minors.
   c. Not serving individuals who appear to be intoxicated.
   d. Maintaining absolute control of all alcoholic containers present
   e. Collection all remaining alcohol at the end of a function (no excess alcohol, opened or unopened is to be given, sold, or furnished to the Chapter.
   f. Making sure that no alcohol leaves the location of this event.
   g. Removing all alcohol from the premises, if event takes places in location other than Vendor’s premises.

5. Ensure that no patrons other than members and guests of this Chapter are present during this event.

6. Participate in a follow up service call from the Office of Sorority and Fraternity Engagement.

In consideration of the above mutual promises, the parties have signed this Third Party Vendor Contract on the date indicated by the signature.

_________________________________________  ________________
Chapter President’s signature  Date

Chapter: __________________________________________________

Address: __________________________________________________

Phone: _____________________________________________________

_________________________________________  ________________
Vendor’s signature  Date

Name of company: ___________________________________________

Address: __________________________________________________

Phone: _____________________________________________________

*** All vendors MUST agree to all of the above terms. If they do not agree they are NOT in compliance with Iowa State University, Office of Sorority and Fraternity Engagement, and the event may not be hosted. Please immediately contact your appropriate council representatives. ***