CATERING PERMIT APPALACHIAN STATE UNIVERSITY



*Not required when ordering from App Catering

ORGANIZATION/ DEPARTMENT I	NFORMATION
Organization/ Department:	
Representative name and position:	
Representative phone and email:	
CATERER INFORMATION	
Caterer Name:	
Caterer representative name and posit	on:
Representative contact information:	
FUNCTION INFORMATION	
Location:	Number being served:
Date:	Time:
Event Description:	
FOOD AND SAFETY INFORMATIO	N
Please check on of the following: Pick up and bring to campus Cate	rer brings to campus Caterer is present at event
Please describe all precautions that will be taken to ensure food safety and Health Code standards are met (eg. Gloves for servers, how food will be kept at temperature etc.).	
NOTICE: It is understood that there are to be no sales on-site, that only member and guests of the sponsored event may be served, and the above organizations are responsible for adhering to the described food safety measures. Clean up of the area following the function is the responsibility of the caterer and/or sponsored organization.	
Signature of Sponsor Rep	resentative Date
Food Services Approv	al Date

CATERER MUST BE ABLE TO PRESENT THIS PERMIT DURING FUNCTION.

Please email the completed form to the Director of Campus Dining (clineph@appstate.edu).