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**ORGANIZATION/ DEPARTMENT INFORMATION**

**Organization/ Department:**

**Representative name and position:**

**Representative phone and email:**

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**CATERER INFORMATION**

**Caterer Name:**

**Caterer representative name and position:**

**Representative contact information:**

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**FUNCTION INFORMATION**

**Number being served:**

**Location:**

**Time:**

**Date:**

**Event Name:**

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**FOOD AND SAFETY INFORMATION**

**Please check on of the following:**

Pick up and bring to campus

Caterer 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.).**

**Please list the menu.**

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**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.

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Signature of Sponsor Representative

Date

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Food Services Approval

Date

**\*\*CATERER MUST BE ABLE TO PRESENT THIS PERMIT DURING FUNCTION.\*\***

**Please email the completed form to the Director of Food Services  
([clineph@appstate.edu](mailto:clineph@appstate.edu)).**