Catering Waiver/Agreement & Environmental Health and Safety Permit Application

Please fill out and email copying both <u>cateringwaivers@sdsu.edu</u> AND <u>ehsfoodsafety@sdsu.edu</u>

| Event Date: | Start time: | End Time: | Guest Count: | |
|-------------------------------------|-----------------------|----------------------|-----------------------|----------|
| Name of Coordinator: | | Dept/Org: | | |
| Phone Number: | E | mail: | | |
| Event Location: | Ev | ent Name: | | EAS#: |
| Event Description: | | | | |
| Event Type: Private (members only; | by invitation) \Box | Public (open to anyo | one on campus) 🛛 🗌 Fu | ndraiser |

Where are you getting the food? (Check one)

- □ SDSU Catering (When Permit is needed) Please attach contract
- □ Pre-Approved On Campus Vendor (See Below) Please attach invoice
- □ Grocery Store/Costco Beverages must be Pepsi Products
- □ Off Campus Vendor Please attach Invoice Insurance Documents Required- Additional Email to Follow



List of Food Items / How are you serving the food? (Use another page if necessary)

| FOOD ITEMS (All Food Items and Beverages) | NAME OF VENDOR | HOW IS FOOD BEING TRANPORTED? (Pick Up, Drop Off, etc.) | SERVING (Self-serve, Caterer, etc.) | COOKING DEVICE (If applicable) | HOT &/or COLD HOLDING DEVICE |
|--|-------------------|---|--|--------------------------------------|------------------------------------|
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Describe delivery, on-site food handling, food service, hand washing station, and disposal of waste and wastewater:

This is to certify that the information provided is true and correct. I will ensure that I receive training and that other foodhandlers will be trained. Trained foodhandlers will be present at the event and will comply with the SDSU Food Safety requirements enforced by the Environmental Health and Safety Department. I understand that non-compliance with the requirements can result in immediate closure, loss of future privileges and disciplinary action. A Copy of San Diego County Health Permit and /or latest inspection report may be required with this application.

| Event Coordinator: | Date: | | | | | | |
|--------------------|--------------------------------------|--|--|--|--|--|--|
| SDSU CATERING USE | | | | | | | |
| Date Received: | Complete | | | | | | |
| | Date: | | | | | | |
| EHS USE ONLY | | | | | | | |
| Permit Issued: | Incomplete Submission: Not Required: | | | | | | |
| EHS Signature: | Date: | | | | | | |