

Food Waiver Request Application

IMPORTANT
SUBMISSION OF A FOOD WAIVER REQUEST IS REQUIRED 14 DAYS PRIOR TO ALL ASU EVENTS INVOLVING FOOD AND BEVERAGE.
FOOD WAIVERS MUST BE APPROVED IN WRITING AND DISPLAYED AT ALL EVENTS

Is your event sponsored by an ASU Affiliate (student, faculty, staff, department, club, organization)? YES NO

If your event is not sponsored by an ASU affiliate, the Facilitator must also submit (no later than 14 days prior to the event) an

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

<http://www.asu.edu/studentaffairs/health/foodsafety/PermitFee.pdf>

Name of Event: _____ Event Date: _____

Event Coordinator(s): _____ Coordinators Phone #'s _____

Email Address (print clearly): _____

Name of Club, Organization, Department, College: _____

Event Location: (be specific) _____

Description of Event: _____

List all foods/beverages: bottled drinks, wrapped snacks, sandwiches, meats, fruits, vegetables, condiments or attached a menu.

Start & Stop Times for food service: _____ Approximate number of people to be served: _____

Where will the food and beverage be obtained? _____

Who will prepare the food and beverage? _____ Phone # _____

How will food and beverage be delivered to the event? _____

Who will be serving the food? _____ Do servers have formal training? _____

What equipment will be used to keep food and beverages hot and/or cold? _____

Where will food equipment (grill, deep fryer, cotton candy or popcorn makers) be acquired? _____

Check Appropriate Box:

- Authorized ASU Event Giveaways
- Fundraising Event Vendor Donation (Requires supporting documentation on Vendor's letterhead)
- Special Menu Other (Explain) _____

Departmental Approval: YES NO Method of Payment to Caterer: Payment Voucher Purchasing Card

Print Name of Club Advisor: _____ Phone # _____

Club Advisor's Signature: _____ Date: _____

Check and Note All Participating Agencies:

- ASU Department _____
- Faculty/Staff _____
- Student Clubs _____
- General Public _____
- Other: _____

Deliver (original) signed Food Waiver Request Applications with all required documents attached
To MU Administration Office # M1-82B (Mezzanine Level)
Direct Questions to Cynthia Wilson – Phone 480-965-1407 cyndi.wilson@asu.edu

MU Contract Manager for Approved Caterers:

Approved Caterer: YES NO Not Applicable (ex: donated or pre-packaged foods)

Donation Donation Letter Attached

Signature: _____ Date: _____

Comments: _____

Sun Devil Dining Services Required: YES NO

Signature: _____ Date: _____

Comments: _____

ASU Campus Health Service / Food Safety & Public Health Sanitation Program Approved: YES NO

Signature: _____ Date: _____

Comments: _____

Reason for Denial: _____

