

CATERING SERVICES WAIVER REQUEST

- Waiver requests must be submitted at least 10 business days prior to scheduled event-

WAIVER REQUEST GUIDELINES:

- CSU Dining Services has exclusive rights to catering on campus for events that total \$300 or more. Event hosts that have an event totaling more than \$300 and would like to use an off campus caterer must apply for a catering services waiver. If the waiver is approved, it may be attached to the small order form or P.O. requesting payment by the University.
- An approved catering waiver exempts CSU Dining Services from any responsibility for food service at an event. The event organizers are solely responsible for overseeing all equipment, set up, service, cleaning and adherence to food safety guidelines. Dining Services can not approve partial waivers.
- An overview of food safety guidelines can be downloaded at http://www.fsis.usda.gov/PDF/Cooking_for_Groups.pdf
- To apply for a waiver, if the proposed off campus caterer is not already documented with the University, the following must be attached to this form and returned to the CSU Catering office.
 - Proof of a Food Service Operations License issued by either the City of Cleveland or by the jurisdiction in which the business operates.
 - Proof of a certificate of commercial general liability insurance in limits of not less than \$1 million dollars. **CSU must be shown as an additional insured on this certificate.**
- Donations of food at any event must be documented a letter from the donor to the sponsoring organization stating that the food is donated and no payment will be requested. Donated food must be processed or prepared in a licensed food service operation, or in an establishment or place that meets equivalent requirements of the Ohio Department of Health.
- Dining Services has the sole discretion for approval or denial of waiver requests.

_____/_____/_____
 NAME OF SPONSORING ORGANIZATION TODAY'S DATE

 NAME OF EVENT

_____ NAME OF REQUESTOR	_____ PHONE	_____ CAMPUS MAILING ADDRESS	_____ EMAIL ADDRESS
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_____ DEPARTMENT HEAD OR FACULTY ADVISOR	_____ PHONE	_____ MAILING ADDRESS	_____ EMAIL ADDRESS
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_____ DATE & TIME OF EVENT	_____ LOCATION	_____ NUMBER OF ATTENDEES
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- Food is being donated (attach donation letter). Not reimbursable.
 Food is not being donated. Reimbursement will be requested.
 Please provide a description of the event -

DINING SERVICES USE ONLY	
Date received _____	Date reviewed _____
Request Accepted _____	Request denied _____
Reason for denial of request: _____	
By: _____	