

REQUEST FOR SPECIAL CONSIDERATION

- 1. Organization/Department: _____
- 2. Responsible person /tel. number: _____
- 3. Name of event where food is to be served: _____
- 4. Location of proposed serving: _____
- 5. Date and time of event: _____
- 6. Reason for not using Campus Restaurants: _____

- 7. Food and beverages to be offered: _____

- 8. Where will foods/beverages be prepared? _____

- 9. How will foods be kept hot or cold (as necessary) and how will they be protected from contamination during transportation, display and serving?

- 10. What are your plans for hand washing? _____

- 11. Date submitted: _____

A copy of the food provider's food license and proof of liability insurance must be submitted with this form to HSC 225. Requests will not be considered without this information.

(Do not write below this line)

Comments: _____

Approved: _____ Date: _____

**Display This Permit at the Site of Food Service
(Subject to Revocation for Non-Compliance)**