Bowie State University

Application for Food/Catering Waiver Form

Complete the Application for Food/Catering Waiver Form (FCWF), and forward to the Office of Auxiliary Services located in the Student Center Suite 1025, by campus, mail, or fax (301-860-4084) at least two weeks prior to the event date. If approved, the FCWF will be returned to you by fax or campus mail. In addition, you may also pick it up in the Office of Auxiliary Services.

**The FCWF must be displayed at the event.**

Today’s Date: ______________________ Date of Event: ______________________

Department: ______________________ Organization: ______________________

Contact Person: ______________________

Department Phone #: ______________________ Organization Phone #: ______________________

Department Fax #: ______________________ Organization Fax #: ______________________

**Groups in Attendance:** Students____ Faculty/Staff____ Department ____ Other____

**Event Description:** (Check all that apply)

- Authorized Fundraiser _____
- Club/Organization Event _____
- Meeting _____
- Reception _____
- Banquet _____
- Other _____

Please Describe: ______________________

Purchase pick-up or carryout products from a public restaurant or grocery for consumption _________

- Buffet/Self-Serve _________
- Served by: ______________________

Catered Event _________ Name of Caterer: ______________________

**List or attach a menu of food and beverage to be served:**

Source of food: ______________________ How will food be delivered? ______________________

Equipment used to keep food hot or cold: ______________________

Source of beverage: ______________________

**I have read and understand the guidelines for a food/catering waiver request:________________________**
Justification for Waiver Request: ____________________________________________

________________________________________________________________________

________________________________________________________________________

Organization/ Department

Signature: ___________________ ___________________ ___________________

(Print Name) (Signature) (Date)

Sign- off by TH Catering Services:

Signature: ___________________ ___________________ ___________________

(Print Name) (Signature) (Date)

Fax or e-mail the following documents below to:

Office of Auxiliary Services
Room 118 Wiseman Centre
301-860-4084

1. Copy of certificate of Liability Insurance provided by the Non-BSU Caterer.
2. Copy of this document (Application for Food/Waiver Form) signed- off by TH Catering Services.

☐ Approved
☐ Denied/Reason __________________________________________________________

Auxiliary Services Representative ___________________ ___________________

(Signature) (Date)