

**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)