

UNIVERSITY CULINARY SERVICES Food Refreshment Waiver Request Form

Submit a completed request form at least two weeks in advance of the event via email Scott Imhoff simhoff@kent.edu. A decision will be made at least one week prior to the scheduled event.

(Require	ed) Please use this space to provide justification/reasoning for why the waiver is needed:
Pate:	Name:
epartment:	
epartment Address:	
elephone:	Email Address:
Services Requested:	
lumber to be Served:	
reakfast Lu	nch Dinner Other Fundraiser
Contact Person:	
ate of Event:	Time of Event:
ype of Food Being Serve	
ist of Anticipated Attende	
icensed restaurant or licen	sed establishment preparing the food:
OFF	CE USE ONLY PLEASE DO NOTE WRITE BELOW THIS LINE
Approved	Not Approved Returned for Additional Information
Date:	Approver:
	Services has exclusive rights to catering on campus and has sole discretion to approve or not

- Once Approved- University Culinary Services assumes no responsibility for preparation, handling, or distribution of any menu items
- Please attach a copy of the vendor license (This will be required in order for the form to be processed.)
- University sponsored events must use approved beverage contractor-Pepsico
 NOTE: Once a food waiver is approved, the catering department will not provide additional resources including but not limited to

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