**Food Vendor Waiver Request Form**

Request must be signed and returned with full requirements at least ten (10) days prior to the event or request will be denied.

Organization Name: Application Date:

Contact Name: Position:

Email: Phone#:

Date of Event: Event Time: to

Location:

Food Vendor Name:

Description of exemption request:

Requirements Include:

\_\_\_\_Copy of the Menu and Menu Selections with Pricing

\_\_\_\_Copy of Food Establishment Operating Permit

 \_\_\_\_Certificate of Insurance

Request must be signed by DSU Organization Advisor or O.S.L.A. Representative and dropped off at the SodexoMAGIC Dining Services Office – MLK Suite# 325.

 DSU Representative | Title Date

 SodexoMAGIC Representative | Title Date