



## FOOD SERVICE APPROVAL FORM

Food prepared and/or served on the Southern Oregon University campus (Ashland) not provided by SOU Dining (A'viands) may be permitted only after completing this form and receiving confirmation of approval by SOU Dining / Catering (located in the Stevenson Student Union).

**This form must be completed and turned in ten (10) days prior to the event. Please send your completed form to Shawn Kjosa at [shawn.kjosa@aviands.com](mailto:shawn.kjosa@aviands.com). Upon receiving the completed form, we will contact you via email with a decision within one (1) business day.**

Name of Organization Making the Request: _____		
Name of Event Requesting Food Service Approval for: _____		
Event Date: _____	Event Time: _____	Event Location: _____
Contact Person: _____	Phone Number: _____	Email: _____

Estimated Number of People Being Served: \_\_\_\_\_

Type of Service: (Circle One)      Food                      Beverage                      Food & Beverage

Reason for Request (donation, discount, potluck, fundraiser, etc.): \_\_\_\_\_

Names and address of Person(s) or Establishment Supplying Food/Beverage: \_\_\_\_\_

Specific Food/Beverage/Menu Items: \_\_\_\_\_

Please Note:

- All Users are responsible for ensuring the appropriate clean-up of event space and removal of all trash prior to vacating the event space. The University will charge user applicable cleaning fees.
- For food and beverage prepared and/or served in a reserved space, food permits may be required in accordance with Oregon State Health Code.
- Third-party food service providers utilizing the facilities under the responsibility of SOU Dining (A'viands) are required to meet guidelines as written in the University Food Service Contract and the SOU Dining Kitchen Use Agreement.
- If approval is not granted, please state if you would like SOU Dining / Catering Services to contact you:  
\_\_\_\_\_

<b>For Office Use Only</b>			
<input type="checkbox"/> Wavier Granted		<input type="checkbox"/> Waiver Denied	
_____ SOU – Administrative Signature	_____ Date	_____ SOU Dining / Catering Signature	_____ Date

Copy to Risk Management Coordinator and Service Center ([servicecenter@sou.edu](mailto:servicecenter@sou.edu))