REQUEST FOR WAIVER OF CATERING EXCLUSIVITY

POLICY

Creighton University contracts its food service through Sodexo Campus Services (also known as University Dining Services - UDS). All food and beverage sold on campus must be purchased from University Dining Services. A space reservation acts as a clearance for a food event to take place and should be made prior to placing a catering order or requesting a catering waiver.

The University recognizes the importance of food menus to the success of certain educational and culturally diverse programs. Therefore, in the following cases the sponsoring registered organization or university department MAY be eligible for a waiver of catering exclusivity:

• Ethnic food banquets when UDS is not capable of providing authentic ethnic foods.
• Fundraisers (only registered student organizations are eligible)
• Promotional activities (only registered student organizations are eligible)

PROCEDURES FOR REQUESTING A WAIVER

• The requesting organization/department must complete the Waiver of Exclusivity form and turn it into the Director of the Skutt and Harper Centers. A meeting to discuss the request may be made by the Director. If a meeting is requested, a waiver will not be considered unless this meeting takes place.
• The requesting organization/department is responsible for submitting the request to the Director of the Skutt and Harper Centers. Requests are to be turned in to the administrative office in the Skutt Student Center, room 200.

ADDITIONAL INFORMATION

If the request to use an external caterer is approved the following information from the approved caterer must be submitted to the Skutt Student Center, Room 200 at least five business days prior to the scheduled event. Failure to submit the appropriate documentation will result in the withdrawal of the approval of the event:

• Insurance Certificate
• Douglas County Health Certificate/Food Permit

When not using UDS as the food provider for an event, the requesting organization/department is responsible for providing all supplies and for cleaning the area after the event.

The student organization/department is required to follow the University's food handling guidelines. The guidelines are available at http://www.creighton.edu/studentservices/studentactivitiesoffice/studentorganizations/policies/index.php.

Any event with alcoholic beverages available is required to have University Dining Services cater the event.

Submitting a waiver does not imply approval. Only upon receiving written notice of approval may a requester proceed with an event using an external caterer.

Questions may be directed to the Skutt and Harper Reservations Office by calling 280-1706 or emailing reservations@creighton.edu.

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Please print or type all spaces except for signatures

Organization/Department Name: __________________________________________________________

Individual Applying for Request: _______________________________________________________

Campus/City Address: _________________________________________________________________

Campus Phone Number: ____________________ Mobile Phone : (_____) _____________________

E-Mail Address: ____________________________________________________________________

Name of Organization Advisor/Department Head: _______________________________________

Campus Address: ___________________________ Campus Phone Number: _________________

E-Mail Address: ___________________________________________________________________

Event Title: _______________________________________________________________________

Event Date: ___________________________ Event Time: From_________________ To_________________

Event Location: ___________________________________________________________________

This event is a request for: (check all that apply)

• Kitchen Access
• Student Prepared Food
• Off-campus Vendor Prepared Food
• Donated Food (Student Organization events are eligible)
• Fundraiser – (Student Organizations Only) **Form required from Student Activities before Waiver Request can be processed**
• Promotional activity (Student Organizations Only)

Specific Food Item(s) to be Served (use additional paper if necessary):

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

• ________________________________________________________________________________

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REQUEST FOR WAIVER OF CATERING EXCLUSIVITY CONTINUED

Please print or type all spaces except for signatures

Rationale for Waiver Request (be specific and use additional paper if necessary):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Food Prepared by Off-campus Vender (complete if applies):
Vendor Name ____________________________________________________________
Contact Person _________________________________________________________
Address ________________________________________________________________
Phone Number (______)________________________ E-mail _______________________

Legal Documentation Required:
☐ Proof of Insurance   ☐ Proof of Douglas County Health Certificate/Food Permit

Food Prepared by Student Organization (check all that apply):
☐ Prepared off-campus and brought to campus Specific Location______________________________
☐ Prepared on-campus Specific Location____________________________________________________

Signatures/Dates Required:
Event Contact Person ___________________________ Date ______________
Moderator (only for registered student organizations) ________________________ Date ______________
Director of the Skutt and Harper Centers ___________________________ Date ______________

Copies to:  ☐ Client   ☐ Facility manager where event to be held  ☐ University Dining Services
            ☐ Other ________________________________

No consideration will be given to events that are scheduled to occur less than 14 days of the receipt of this form.