This form must be submitted at least 10 business days in advance of the scheduled event

Name of Event Planner: _________________________
KSU E-mail: _________________________

Dept. or Student Org: _________________________
Phone: _________________________

Event Name: _________________________
Event Date and Time: _________________________

Reserved in EMS?  Yes  No

Event Location: _________________________

Purpose of Event: _________________________

Reason for Exemption Request:

Requested Caterer and Proposed Menu (Include a printed menu from caterer):

Note: Outside vendors must provide documentation of the following requirements (to be submitted with this form):

- Worker’s Compensation Insurance (no exemptions)
- Commercial General Liability Coverage
  - $1,000,000 Each Occurrence Limit
  - $1,000,000 Personal & Advertising Injury Limit
  - $2,000,000 General Aggregate Limit
  - $2,000,000 Products/Completed Ops. Aggregate Limit
- Alcohol Liability (when applicable) of $1,000,000
- Automobile Liability, $1,000,000 combined Single limit
- All Necessary food service and business permits to conduct business in Cobb County, Georgia requires the following:
  1. State of Georgia – Department of Revenue – CERTIFICATE OF REGISTRATION
  2. Georgia Department of Public Health Permit – FOOD SERVICE PERMIT
  3. Most recent Health Inspection Report
  4. Business License/Occupation Tax Certificate

By signing below I acknowledge the following:

1. KSU Catering retains the catering rights for any and all events held on Kennesaw State’s campus and exemption from this requirement requires written approval by Culinary & Hospitality Services.
2. Completion of this exemption request form does not guarantee an approval
3. This form, in its entirety, must be submitted to Culinary & Hospitality Services at the address below or via e-mail at culinaryservices@kennesaw.edu
4. If a student organization, my advisor has reviewed and signed off on this exemption request.

Signature: _________________________
Date: _________________________

Advisor Signature (if RSO): _________________________
Date: _________________________

For Office Use Only

Date received:

Reviewed By (Name):

Justification for Approval or Denial:

APPROVED  DENIED