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
EMS Reservation Number: __________________________
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 University Dining.
2. Completion of this exemption request form does not guarantee an approval
3. This form, in its entirety, must be submitted to University Dining via e-mail at ksucatering@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):

APPROVED DENIED

Justification for Approval or Denial: