CATERING EXEMPTION REQUEST FORM

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 at the address below or via e-mail at universitydining@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