

Student Group No. if available:

University Food Permit

Estimated Attendance:

Submit to bcd@umn.edu when completed. For questions regarding completion of form, please contact the Environmental Hygiene Officer @ rossi101@umn.edu or 612.625.6152
(Not Required for Events When All Food is Provided or Catered by University Dining Services)
The nature of your event may require additional information to be provided before approval

Authorization for serving food/beverage at:

Please Print

Coffman Union St. Paul Std. Ctr. Other

Event Date(s)	Food Service Time	Room or Area	
Name of Person/Organization/Dept.Applying:			
Contact Person:	E-Mail:	Phone:	
Is a caterer setting up <i>and</i> serving the food?	YES NO	Private** event? (See page 2)	YES NO
Name of Caterer/Restaurant/Market (Food Source/Provider - Add More on Page 2)		City	Phone or Email Contact
List Food(s) To Be Served (do not list prepackaged snacks and beverages):			

EVENT FOOD SAFETY REQUIREMENTS / INSTRUCTIONS

For complete UHS requirements go to <https://bcd.umn.edu/buffet-guidelines>, <https://bcd.umn.edu/indoor-food-events> & <https://bcd.umn.edu/outdoorfoodevents>

(This space for office use only)

Applicant agrees that all information is correct & all food will come from the source(s) indicated. Applicant also agrees to provide all required equipment to maintain proper food temperatures for serving & holding of foods. Any individual or non-University of Minnesota applicant further agrees to defend, indemnify, and hold regents of the University of Minnesota and its officers, employees, and agents harmless from any claim or expense arising out of the food service.

Signature of Applicant

Date

This permit must be reviewed by the Environmental Hygiene Officer (270 Donhowe Bldg, bcd@umn.edu, Phone 612-625-6152, Fax 612-625-6667) at least five (5) business days before the event when using a licensed commercial food service, or ten (10) business days when any other source of food/beverage or type of food service is engaged or dispensed.

Environmental Hygiene Officer or UHS Designated Person

APPROVED

NOT APPROVED

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ADDITIONAL FOOD SOURCES:

Name of Caterer/Restaurant/Market	City	Phone or Email Contact
Foods Provided		
Name of Caterer/Restaurant/Market	City	Phone or Email Contact
Foods Provided		
Name of Caterer/Restaurant/Market	City	Phone or Email Contact
Foods Provided		

PROVIDE A BRIEF DESCRIPTION OF YOUR FOOD SERVICE, SET-UP AND/OR PREPARATION (Required)

* A "Private Event" (all must apply): 1. Does not have University funding/sponsorship; AND 2. Is accessible only as an internal event limited to a finite known GROUP, and which GROUP is identifiable as a specific entity in the perception of others (i.e. office staff, corporate meetings, birthday parties, wedding receptions, etc.); AND 3. Is not open to or advertised to the general public/campus community; AND 4. Does not invite individuals outside the GROUP to attend, or community members, or potential recruits or donors; AND 5. Does not, or will not, provide food to anyone outside the GROUP.