Fort Lewis College
Permission to Sell or Serve
Non-Campus Dining Services Food on Campus

*Form must be completed and turned in AT LEAST 1 week prior to event*

1. Date of application________________________________________________________
2. Name of Department or Registered Student Organization (RSO) _____________________
3. Individual responsible for the event___________________________________________
4. Individual’s email/phone_______________________________________________________
5. Name of event____________________________________________________________
6. Date and time of event______________________________________________________
7. Location of event_________________________________________________________
8. Specify Request
   □ Sale of Food
      What type of food___________________________________________________________
   □ Service of Food
      Reason for Exemption_______________________________________________________

Are FLC funds being used to purchase the food or supplies for this service of Non-CDS food?  Yes or No
FLC funds are defined as money that has been allocated or deposited into a department’s account or held in a Foundation account.

9. Approved:
   ____________________________________________________
   Jill Wiegert, Assistant Director, Student Union Operations and Facilities Scheduling
   ____________________________________________________
   Sodexo General Manager, Campus Dining Services – Sodexo

SPECIAL REQUIREMENTS:
Before the event, the resource information on safe food handling and preparation must be reviewed by at least one representative of your registered club, organization or department who must be present during the entire sale. The resource information is available at the Leadership Center, 171, Student Union.

I, __________________ have reviewed the resource information. If more than one person has reviewed the resource information, list names here or on the back of this form if more space is needed.

Signature________________________________________________________ Date__________

*Once completely filled out, please turn this form into Facilities Scheduling, SU 164, and you will be contacted regarding approval*