

Request for Exception to the Food Policy
Morehead State University
(The event cannot be scheduled until this request is approved)

Today's Date: _____ (Please complete this request **at least two weeks** prior to the event.)

Name of Group: _____ Name of Contact Person: _____

Is this a registered MSU student group? Yes _____ No _____

If this is a registered MSU student group, indicate advisor's name, address, and phone number:

Contact Person

Phone number(s): _____ E-mail address: _____

Local address: _____

Event Information

Date: _____ Location: _____

Start time: _____ End time: _____

Is there a charge for the event? Yes _____ No _____

Is there a charge to eat food? Yes _____ No _____

Is the event open to the public? Yes _____ No _____

How many people do you expect to attend? _____

Purpose of event (fundraiser, program, event, etc.) _____

Events where food is sold will be required to display a "Food Handling Permit" issued by the Rowan County Health Department.

Supplier Information

Did you contact someone in MSU Dining Services about this request? Yes _____ No _____

If yes, who was the individual? _____

Are you purchasing food from Dining Services? Yes _____ No** _____

**If you do not plan to purchase from Dining Services, please explain why: _____

Is any food being prepared by a group member(s): Yes** _____ No _____

**Explain: _____

Is food being purchased from a licensed vendor? Yes _____ (Business name) _____ No _____

Is food being donated from a licensed vendor? Yes _____ (Business name) _____ No _____

Type of food(s): _____

Food Handling

How will food be stored before event, held during serving, and served? _____

What will be done with leftovers? _____

Contact person's signature: _____

Advisor's signature (for student organizations): _____

Submit this form to the Director of Auxiliary Services, Room 102H of the Adron Doran University Center, MSU, Morehead, KY 40351.

Approved: _____ Not Approved: _____ Date: _____