FOOD SERVICE DISCLOSURE FORM

Food sales not provided by UNLV Catering (ARAMARK) may be permitted only after completing this form and receiving confirmation of approval by Student Union & Event Services.

Form must be complete and turned in seven (7) days prior to event – turn form into Student Union & Event Services via fax: 702.895.1609, Mail Stop: #2008, or SU 315 – 3rd floor Student Union.

Reservation Number:		Event Coordinator:		
Name of Organization Making Reques	t:			
Name of Event Requesting Food Servi	ce Approval for:			
Event Date:	Event Time:		Event Location:	
Contact Person:		Phone Number:		
Email:				
Estimated Number of People Being	Served:			
Name and address of Person(s) or E	Establishment Supp	olying Food/	Beverage:	
Specific Food/Beverage/Menu Items	::			
Where food purchased/prepared: *Please Note: All Users are respons is completed prior to vacating the e	ible of ensuring the	e appropriat	e clean-up of event space and re	emoval of trash
For food and beverage prepared and/or se Health District.	•	-		
Third party food service providers utilizing in the University Food Service Contract and				delines as written
If approval not granted, please state if you	would like catering ser	vices or set-u	o:	
For Food Sales Only:				
For Office Use Only				
☐ Waiver Granted ☐ Waive	er Denied			
UNLV Student Union & Event Service.	s Signature L	Date	UNLV Catering Signature	Date

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