**Permit to Sell or Serve Food on Campus**

1. I am requesting to  □ SELL FOOD  □ SERVE FOOD

2. Organization involved______________________________________________________________

3. Responsible person name:___________________________________________________________

4. OU email:________________________ Phone Number____________________________________

5. Name of food serving event__________________________________________________________

6. Location of proposed sale/serving____________________________________________________

7. Date and time frame_______________________________________________________________

8. Food and beverages to be offered____________________________________________________

9. Where will foods/beverages be purchased and prepared?________________________________

10. How will foods be kept hot or cold, as necessary, and how will they be protected from contamination during transportation, display and serving?

11. What are your plans for hand washing?______________________________________________

12. Date submitted:_______________________________________________________________

(Do not write below this line)

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E.H.&S. Comments______________________________________________________________

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Approved:________________________ Date:________________________________________

**Display This Permit at the Site of Food Service**
(Subject to Revocation for Non-Compliance)

ck 11.21.14