

# SD School of Mines Food Waiver Request

**CUSTOMER INFORMATION**

NAME OF ORGANIZATION:		DATE:	
PERSON MAKING REQUEST:			
MAILING ADDRESS:			
TELEPHONE:		E-MAIL ADDRESS:	

**EVENT INFORMATION:**

EVENT NAME:		RESERVATION NUMBER:	
EVENT DATE:		EVENT TIME:	
		EXPECTED ATTENDANCE:	
EVENT LOCATION:		EVENT COORDINATOR:	
Is event open to persons who are not members of the sponsoring organization? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**FOOD & BEVERAGE INFORMATION:**

The food/beverage must be prepared by someone with a food service license from the State of South Dakota.	
<input type="checkbox"/> The food is to be prepared/served under a permanent license. Please list the licensee and license number below and attach a copy of the license.	
<input type="checkbox"/> The food is to be served under a temporary license, please list the license number for temporary food service through the state of South Dakota (check-list and application available at <a href="http://www.state.sd.us/doh/Forms/tempfood.pdf">http://www.state.sd.us/doh/Forms/tempfood.pdf</a> ). Keep in mind the state requires the application be submitted at least 14 days prior to the start of the event and a \$25 licensing fee. A copy of the temporary food service license as issued by the state of South Dakota must be attached.	
LICENSEE:	LICENSE NUMBER:

**AUTHORIZED SIGNATURES:**

As an authorized representative of the organization/department listed above, I understand that all information about this event and information posted at the event will clearly state where and who prepared the food, including a copy of the food service license (as indicated above). I understand that failure to do so may result in cancellation of, or additional charges for, my event. If any of the above information changes, I will notify Surbeck Scheduling within one business day of the change.	
ADVISOR SIGNATURE: _____	DATE: _____

**Indemnity/Hold Harmless Agreement – IMPORTANT, PLEASE READ CAREFULLY**

The food /beverage preparer and organization making this request agree to indemnify and hold harmless SDSM&T, its officers, directors, employees and agents from any and all liabilities, claims, actions, damages, attorney’s fees or expenses resulting from the preparation and/or service of any food or beverage under this agreement or the use of SDSM&T property or premises.	
FOOD PREPARER SIGNATURE: _____	DATE: _____
FOOD PREPARER ORGANIZATION/AFFILIATION: _____	

**CONDITIONS & COMMENTS:**

Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> SDSM&T Director of Dining Services: _____