



WICHITA STATE  
UNIVERSITY

## APPROVED CATERER APPLICATION

DATE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

### CONTACT PERSON

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FOOD ESTABLISHMENT LICENSE NUMBER

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ALCOHOL LICENSE NUMBER (IF APPLICABLE)

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

LIABILITY INSURANCE: ☐ Yes ☐ No Expiration Date: \_\_\_\_\_

Please attach a copy of your certificate of Liability Insurance naming Wichita State University and Wichita State University Union Corporation as certificate holders.

DO YOU HAVE A FOOD HANDLER'S PERMIT FOR YOUR WAIT STAFF?: ☐ Yes ☐ No

- *This agreement is valid for one calendar year after the date of approval.*
- *Please allow 10 business days for approval.*
- *You will receive a confirmation email on approval.*
- *By signing this agreement, you agree to pay a 10% commission to Wichita State University on food and beverage sales.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

This application may be submitted to Maria Ciski via email, post, fax, or in person.  
If you have a question or concerns please call (316) 978-3475.

Email: [maria.ciski@wichita.edu](mailto:maria.ciski@wichita.edu)

Fax: (316) 978-3054

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Office: Rhatigan Student Center Room 234