



PREFERRED 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
Fax: (316) 978-3054
Address: 1845 Fairmount Box 56 | Wichita, KS 67260
Office: Rhatigan Student Center Room 234