

Dear Food Service Provider:

Beginning in the fall of 2017, Wichita State University and its affiliated corporations have adopted a flexible catering policy that welcomes off-campus caterers to provide food service for campus events in most university buildings including the Rhatigan Student Center.

We are excited about this opportunity to provide our university community a wider variety of food service options.

Currently, we are taking applications from local providers. If you would like to be considered as a caterer for events at Wichita State University, please fill out the attached form and include a Certificate of Liability Insurance. Please note that there will be a 10% commission on food and beverage sales on campus.

When we have received your application, it will be reviewed and within approximately 10 days you will receive an email notification with guidelines for catering on campus. Your approval will be granted for a one year period from the date of issuance. During that time period you will be able to cater anywhere on campus and will not need to reapply for permission to cater in individual buildings.

We hope you will take this opportunity to join us on campus as we continue to grow. Feel free to contact me with any questions or comments. I can be reached at 316-978-7055 or by email at maria.ciski@wichita.edu .

Thank you.

Maria T. Ciski

Director, University Event Services
Rhatigan Student Center | Wichita State University
1845 Fairmount, Box 56 | Wichita, KS 67260
Office: 316.978.7055 | Fax: 316.978.3054
maria.ciski@wichita.edu



PREFERRED CATERER APPLICATION

DATE:			
ORGANIZATION NAM	1E:		
Address:			
CITY:	_ STATE:	ZIP:	_
TELEPHONE NUMBE	R:		
CONTACT PERSON			
Name:			_
Phone:		Email:	
Business License I	Number		
Number:			Expiration Date:
ALCOHOL LICENSE N	lumber (if as	PPLICABLE)	
	·	·	Expiration Date:
LIABILITY INSURANG	re: Nes	□No	Expiration Date:
	y of your certi	ficate of Liability Insur	ance naming Wichita State University and Wichita State
Do You Have a Foo	D HANDLER'S	PERMIT FOR YOUR WA	IT STAFF?: □Yes □No
ᢒ This agreement is	s valid for one	e calendar year after th	e date of approval.
Please allow 10 b	usiness days	for approval.	
♦ You will receive a	confirmation	n email on approval.	
ூ By signing this agbeverage sales.	greement, yo	u agree to pay a 10% c	ommission to Wichita State University on food and
Signature:			
DATE:			
		Ean Orre	E 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