Return completed form and provide a copy of the vendor’s current health permit for each food service provider listed below to Risk Management Services Public Health Program Manager via Email: [**foodsafety@unt.edu**](mailto:foodsafety@unt.edu)

**There is no need to complete this form if your event is serving only prepackaged food, or food from UNT Dining.**

Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Event or camp name | | Contact Name | |
|  | |  | |
| Contact Phone # | Contact Email | | Does the Event include Minors? |
|  |  | | **Yes  No** |
| Type of Food to be Served | | | |
|  | | | |

Food Service Information (Complete if food provided by non-UNT vendor)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of food service provider | | Contact | | Phone # | |
|  | |  | |  | |
| Address | | City | | State | Zip |
|  | |  | |  |  |
| Event date | Time | | Location where food will be served? | | |
|  |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of food service provider | | Contact | | Phone # | |
|  | |  | |  | |
| Address | | City | | State | Zip |
|  | |  | |  |  |
| Event date | Time | | Location where food will be served? | | |
|  |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of food service provider | | Contact | | Phone # | |
|  | |  | |  | |
| Address | | City | | State | Zip |
|  | |  | |  |  |
| Event date | Time | | Location where food will be served? | | |
|  |  | |  | | |