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**

**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? |
|  |  |  |