Chaffey College

CATERING APPLICATION REQUEST FORM

1. Caterer's Name: _____
2. Contact Name & Title: _____
3. Phone Number: _____ Secondary Phone Number: _____
4. Email Address: _____
5. Physical Address: _____

   _____

   City: _____ Zip Code: _____
6. Date of Event: _____
7. Set-Up Time Required: _____
8. Clean-Up Time Required: _____
9. Event Start Time: _____ Event End Time: _____
10. Event - Campus and Location: _____

    _____

Please upload the completed request form and the following attachments to SciQuest.

- ☐ **Fresh & Natural** – Attach the first consideration email including a justification if choosing a different caterer.
- ☐ Signed Authorized Catering Service **Usage Terms and Conditions**
- ☐ Copy of Current **Business License**
- ☐ Copy of Current **Health Permit**
- ☐ Copy of Current **Certificate of Insurance** (Chaffey Community College District is to be named as Additional Insured and Certificate Holder)

Submission:
All documents must be submitted via e-mail.

Department Contact (Print Name): _____

Phone (ext.): _____

Requisitioner (if different from Department Contact above): _____