



CATERING APPLICATION

DATE: _____

CATERERS 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 Union Corporation as additional named insured.

⚠ By signing this agreement, you agree to pay a 10% commission to Rhatigan Student Center on food.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

APPROVED BY: _____ DATE: _____

Submit to: maria.ciski@wichita.edu

Please allow up to 10 business days for approval. You will receive a confirmation email on approval.
For questions call (316) 978-3475.