



CUSTOMER INFORMATION

Food Waiver Request

NAME OF ORGANIZATION:		DATE:	
PERSON MAKING REQUEST:			
MAILING ADDRESS:			
TELEPHONE:		E-MAIL ADDRESS:	

EVENT INFORMATION:

EVENT NAME:		RESERVATION NUMBER:	
EVENT DATE:		EVENT TIME:	
EVENT LOCATION:		EVENT COORDINATOR:	
Is event open to persons who are not members of the sponsoring organization? Yes <input type="checkbox"/> No <input type="checkbox"/>			

FOOD & BEVERAGE INFORMATION:

The food/beverage must be prepared by someone with a food service license from the State of South Dakota.

The food is to be prepared/served under a permanent license. Please list the licensee and license number below and attach a copy of the license.

The food is to be served under a temporary license, please list the license number for temporary food service through the state of South Dakota (check-list and application available at <http://www.state.sd.us/doh/Forms/tempfood.pdf>). Keep in mind the state requires the application be submitted at least 14 days prior to the start of the event and a \$25 licensing fee. A copy of the temporary food service license as issued by the state of South Dakota must be attached.

LICENSEE:		LICENSE NUMBER:	
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AUTHORIZED SIGNATURES:

As an authorized representative of the organization/department listed above, I understand that all information about this event and information posted at the event will clearly state where and who prepared the food, including a copy of the food service license (as indicated above). I understand that failure to do so may result in cancellation of, or additional charges for, my event. If any of the above information changes, I will notify Surbeck Scheduling within one business day of the change.

ADVISOR SIGNATURE: _____ DATE: _____

Indemnity/Hold Harmless Agreement – IMPORTANT, PLEASE READ CAREFULLY

The food /beverage preparer and organization making this request agree to indemnify and hold harmless SD Mines, its officers, directors, employees and agents from any and all liabilities, claims, actions, damages, attorney’s fees or expenses resulting from the preparation and/or service of any food or beverage under this agreement or the use of SD Mines property or premises.

FOOD PREPARER SIGNATURE: _____ DATE: _____

FOOD PREPARER ORGANIZATION/AFFILIATION: _____

CONDITIONS & COMMENTS:

<p>Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> SD Mines Director of Dining Services: _____</p>
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