

EL CAMINO COMMUNITY COLLEGE

Food Service Exemption Form

Office (310) 660-3380 / FAX (310) 660-3071

Please complete the following in order to help El Camino College Food Service improve their presentation, outreach and understanding of all campus stakeholders. All stakeholders must solicit Pacific Dining first at **least two (2) weeks prior to the event**. If stakeholders decide to go to another source, please provide the reasons in the form listed below.

Event/Function Information Section:

Name of Event: _____

Contact Name: _____

Group Name: _____

Phone Number/Ext.: _____

Date & Time of Event: _____

E-Mail Address: _____

Location of Event: _____

Expected Number of Attendance: _____

Did you submit the event to Pacific Dining? Yes ____ No ____

Response by Pacific Dining: _____

Reason for Exemption Request

OUTSIDE FOOD SERVICE INFORMATION

Name of Vendor: _____

WE ARE SUPPLYING OUR OWN FOOD

____ Provide list and source of foods along with pricing.

____ Copy of Business License

FOOD DONATION FROM OUTSIDE VENDOR

____ Copy of Liability & Workers Comp. Insurance

____ Signed donation letter from donor

El Camino College Food Service is provided by Pacific Dining (PD) who is responsible for, complying with all health and safety regulations, taxes and insurance coverage. Pacific Dining will have exclusive rights to all catering and retail facilities designed for food service. All stakeholders choosing to use an outside food source will be required to:

1. Pacific Dining was consulted first. A detailed copy of correspondence must be *attached*.
2. Leave room in its original condition.
3. Outside food service providers must present all requisite permits, licenses and insurance with the following limits (a Certificate of Insurance in an ACORD 25 Form with El Camino College as "Additional Insured").
 - Comprehensive General Liability of \$1 million
 - Workers' Compensation of \$1 million
 - Automobile Liability of \$ 1 million
4. External entities are subject to the terms and conditions shown herein.

FOR OFFICE USE ONLY

_____ **Approved**

_____ **Not Approved**

Specific limitations: _____

Reviewed and approved by: _____ **Date** _____

COPIES: _____ Requestor (Original) _____ Pacific Dining Services _____ Facilities _____ Bookstore