Dear Food Service Provider:

Beginning in the fall of 2017, Wichita State University and its affiliated corporations have adopted a flexible catering policy that welcomes off-campus caterers to provide food service for campus events in most university buildings including the Rhatigan Student Center.



Preferred Caterer Application

Date:	· • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•
Organization	Name:			
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Contact Perso				
		Email		
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Business Licen				
Number			Expiration Da <u>te:</u>	
Alcohol Licens				
Number	:		Expiration Da <u>te:</u>	
Liabil ity Insur	ance: Ye s	s 🗌 No	Expiration Date:	
		erti cate of Liability I as certi cate holders.	Insurance naming Wichita State University and Wichita	State
DO YOU Have a	FOOU HAITUTELS	SPERIMITEOR YOUR W	Vait Staff?: Yes No	
This agreemen	t is valid for one	calendar year after tl	he date of approval.	1
Please allow 10) business days f	or approval.		
You will receive	e a confrmation	email on approval.		
By signing this beverage sales		agree to pay a 10% c	commission to Wichita State University on food and	
Jer e greet	-			
Signature:				
Date:				
) R U	2IôFH 8VH 2QO\	
Approved By:_		,	Date:	
		•	to Maria Ciski via email, post, fax, or in person. concerns please call (316) 978-3475.	
		Email: maria	a.ciski@wichita.edu	
		•	316) 978-3054	
	Ac		ount Box 56 Wichita, KS 67260 tudent Center Room 234	