DATE OF SUBMISSION: ___________________  DATE OF EVENT: __/__/____

GROUP/ORGANIZATION: ___________________ LOCATION OF EVENT: ___________________

PURPOSE OF EVENT: _______________________ _______________________________________

IS THIS AN OPEN PUBLIC EVENT (OPEN TO ALL MEMBERS OF COLLEGE COMMUNITY)  YES ☐  NO ☐

SOURCE(S) OF FOOD/BEVERAGE (LIST ALL): ______________________________________________

DURATION THAT FOOD IS TO BE SERVED: FROM: _______ TO: _______  EXPECTED ATTENDANCE: _______

FOOD BEING SERVED IS INTENDED FOR RESALE:  YES ☐  NO ☐

FOOD/BEVERAGE BEING SERVED (PLEASE BE AS SPECIFIC AS POSSIBLE - INSUFFICIENT DETAIL):
NO POTENTIALLY HAZARDOUS FOOD ITEMS WILL BE APPROVED. THIS INCLUDES BUT IS NOT LIMITED TO:
ITEMS CONTAINING PROTEIN, DAIRY OR OTHER INGREDIENTS CONSIDERED TO BE HIGH RISK OR ITEMS WHICH MUST BE HELD HOT OR COLD TO MAINTAIN FOOD SAFETY.)

1. ___________________________________ 5. ___________________________________
2. ___________________________________ 6. ___________________________________
3. ___________________________________ 7. ___________________________________
4. ___________________________________ 8. ___________________________________

EXTERNALLY CATERED EVENTS (THOSE NOT CATERED BY BMC CATERING) REQUIRE A CONTRACT DETAILING THAT A LICENSED CATERER IS SOLELY RESPONSIBLE FOR: SET UP OF EVENT, PROVIDING APPROPRIATE SANITARY EQUIPMENT, SAFE SERVICE OF FOOD WITHIN MONTGOMERY COUNTY HEALTH DEPARTMENT GUIDELINES & COMPLETE BREAKDOWN OF EVENT INCLUDING CLEANING AND TRASH REMOVAL. THE CATERER MUST ALSO PROVIDE A CURRENT PROOF OF LIABILITY INSURANCE FORM. BMCDS ALSO REQUIRES AN INSURANCE & INDEMNIFICATION FORM (LOCATED ON THE BMCDS CATERING PAGE) TO BE SIGNED FOR EACH EVENT SERVED BY THE LICENSED CATERER. GUIDELINES GIVEN FOR PROPER HEALTH AND SANITATION PROCEDURES UPON RETURNED APPROVAL OF FOOD WAIVER.

________________________________________________________________
________________________________________________________________
________________________________________________________________

Person Responsible for Event (print)  Signature  Email  Email of Additional Recipient

DINING SERVICES ONLY—DO NOT WRITE BELOW THIS LINE

APPROVAL ☐ DENIAL ☐

Director- BMCDS  BMCDS Signature

NOTES FOR SERVICE - (these notes must be followed for safe service of this food):
________________________________________________________________
________________________________________________________________
________________________________________________________________

HOUSEKEEPING/CONFERENCES CHECK: WAS FOOD/TRASH PROPERLY CLEANED UP?  YES ☐  NO ☐

DATE __________  DATE __________  BY ____________________________

DETAILS ________________________________________________________________

3.19

SELF CATERED EVENTS: PLEASE DISPOSE OF YOUR TRASH AT THE LOCATION LISTED ON BACK PAGE
SELF CATERED EVENTS: PLEASE DISPOSE OF YOUR TRASH AT THESE LOCATIONS:

BENHAM GATEWAY
Outdoor container by Gateway facing Sunken Garden

BETTWS-Y-COED
Outdoor container behind Bettws-y-Coed

CAMBRIAN ROW/PENSBY
Outdoor container by tennis courts

CAMPUS CENTER
Dumpster by Radnor

DALTON
Outdoor container behind Guild

ENGLISH
Outdoor container behind English

GOODHART
Dumpster in Rock Courtyard

GUILD
Outdoor container behind Guild

PARK
Dumpster in Park parking lot

RUSSIAN
Outdoor container behind English

SCHWARTZ
Outdoor container behind Schwartz

SOCIAL WORK
Outdoor container by parking lot entrance doors

TAYLOR
Outdoor container behind Merion

OLD LIBRARY
Outdoor container between College Hall & Canaday