



## **APPROVED FOOD PROVIDER APPLICATION**

### **Instructions**

Provide Vendor requirements:

- Signed Food Provider Application / Insurance Requirements (this form)
- Certificate of Insurance
- Sole Proprietor or W-9 Form
- Copy of current Privilege Tax License
- Copy of current Permit to Operate/Business License
- Completed Checklist of Environmental/Recycling issues (if interested in being a green vendor, please request this form)
- Three References (including name, position, telephone and fax numbers)

### **General**

The Food Provider Company shall conduct its operations and food service programs at all times in a professional and reputable manner, utilizing the highest health safety standards. Vendor shall furnish all food, beverage, supplies, management and labor necessary for efficient catering services. Vendor shall take all actions deemed reasonable as requested by a University representative in order to comply with all appropriate University guidelines. Whenever possible, vendor will use recyclable supplies

### **Insurance Requirements:**

Each vendor providing food service must provide evidence of the following:

- Current insurance listing the following: Named as Additional Insured: Arizona State University, the State of Arizona, and the Arizona Board of Regents for Insured's activity or event by or at Arizona State University of any location leased by, licensed by, or within the control of ASU.
- Insurance Endorsement Page listing the correct policy number for each policy on which we are additional insured. The Endorsement page must also state the following: Named as Additional Insured: Arizona State University, the State of Arizona, and the Arizona Board of Regents for Insured's activity or event by or at Arizona State University.
- Commercial general liability insurance to include liquor liability (ISO Form Number CL 104 or its equivalent), personal injury liability, broad form property damage liability, blanket covering the activities of vendor with a minimum combined single limit of one million dollars (\$1,000,000) per occurrence, which insurance shall provide "occurrence".
- Worker's Compensation in such amounts as required by law and employer's liability insurance in an amount of not less than One Million Dollars (\$1,000,000).
- Automobile liability insurance in an amount of not less than one million dollars (\$1,000,000) combined single limit for each accident or occurrence.

Signature of Authorized Co. Representative \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Fee**

As an approved Food Provider Company, you shall submit an administrative fee of eight (8) percent of the cost of services for every catering event on Arizona State University campuses. A copy of the invoice(s) must accompany your check payment. Services include charges for food, rental fees and service fees. It does not include tax or delivery fee.

**The University reserves the right to restrict vendor participation for on campus catering service in the event that a vendor does not comply with the requirements noted in this document.**

Company \_\_\_\_\_

Address \_\_\_\_\_

Catering Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Catering Email \_\_\_\_\_

**I have read, understand and agree to provide service in accordance with these guidelines.**

Company Representative (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

**Return Completed Approved Food  
Provider Application and Required  
paperwork to:**

ASU Memorial Union  
**Attn: Yuridia Martin Del Campo**  
Yuridia.Martin.Del.Campo@asu.edu  
PO Box 870901  
Tempe, AZ 85287-0901  
Phone: 480-965-5819

**Make checks payable to:**

Arizona State University

**Send All Payments to:**

ASU Memorial Union  
**Attn: Accounting Office**  
PO Box 870901  
Tempe, AZ 85287-0901