



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: Event and Meeting Services
mureservations@asu.edu
PO Box 870901
Tempe, AZ 85287-0901
Phone: 480-965-3406

Make checks payable to:
Arizona State University

Send All Payments to:
ASU Memorial Union
Attn: Accounting Office
PO Box 870901
Tempe, AZ 85287-0901