

PLEASE COMPLETE THIS REQUEST AT LEAST TWO WEEKS PRIOR TO THE EVENT.

**Request for Exception to the Food Policy**  
**Morehead State University**  
**(The event cannot be scheduled until this request is approved.)**

Today's Date: \_\_\_\_\_  
Name of Group: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_  
Is this a registered MSU student group? Yes \_\_\_\_\_ No \_\_\_\_\_  
If this is a registered MSU student group, indicate advisor's name, address, and phone number:  
\_\_\_\_\_

**Contact Person**

Phone Number(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Local Address: \_\_\_\_\_

**Event Information**

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Start time: \_\_\_\_\_ End time: \_\_\_\_\_  
Is there a charge for the event? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a charge to eat food? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the event open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many people do you expect to attend? \_\_\_\_\_  
Purpose of event (fundraiser, program, event, etc.) \_\_\_\_\_

Events where food is to be sold should be cleared by the Rowan County Health Department for information about safe food handling.

Beverages must be Pepsi products or Ale-8-One products.

**Event Information**

Did you contact someone in MSU Dining Services about this request? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who was the individual? \_\_\_\_\_

Are you purchasing food from Dining Services? Yes \_\_\_\_\_ No\*\* \_\_\_\_\_  
\*\*If you do not plan to purchase from Dining Services, please explain why: \_\_\_\_\_  
\_\_\_\_\_

Is any food being prepared by a group member(s): Yes\*\* \_\_\_\_\_ No \_\_\_\_\_  
\*\*Explain: \_\_\_\_\_

Is food being purchased from a licensed vendor? Yes \_\_\_\_\_ No \_\_\_\_\_

Is food being donated from a licensed vendor? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of food(s): \_\_\_\_\_  
\_\_\_\_\_

**Food Handling**

How will food be stored before the event, held during serving, and served? \_\_\_\_\_  
\_\_\_\_\_

What will be done with the leftovers? \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Advisor (for student organizations): \_\_\_\_\_  
Submit this form to the Executive Director of Auxiliary Services, University Store, MSU, Morehead, KY 40351

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed form to [c.gancio@moreheadstate.edu](mailto:c.gancio@moreheadstate.edu)**

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