University of Florida Request to Provide Food
PUBLIC HEALTH COMPLIANCE

- According to rule 6C-2.020 of the Florida Administrative Code (Food Service on Campus), any individual or organization who wishes to serve food to the public on University of Florida campus must certify (by use of this form) that they are in compliance with all public health rules and regulations and acknowledge that they are subject to inspection by the University of Florida and Department of Health and Rehabilitative Services of the State of Florida to insure compliance with the rules and regulations of the State of Florida.

- Off-campus vendors may be used as long as student organizations ensure that the caterer has an appropriate food service license and liability insurance. In addition, off-campus vendors may only serve food at the Plaza of Americas, Norman Field, Hume Field, Maguire Field, and Turlington Plaza. Other areas will be approved by the Director of Student Activities or the director’s designee and the administrator responsible for the area only in unusual circumstances, (F.A.C. 6C1-4.006).

I, and/or the below-named organization I represent, plan to serve food to the public on the University of Florida campus on _______________________ between the hours of ________________________ at ______________________________________________________ (location) for the_____________________________________________________________________________ event.

The facilities of the vendor named below are, and will remain, in compliance with all public health rules and regulation of the state of Florida.

To be completed by the organization:

Name of Sponsoring Organization: __________________________________________________________

Organizational Representative’s Signature: ____________________________________________________

Printed Name: ________________________________________________________________________

Title: _______________________________________________________________________________

Name of Vendor providing food: ___________________________________________________________

Food/Beverage items provided: ___________________________________________________________

□ Picked up by organization □ Delivered □ Served by Vendor (If serving, vendor to complete area below)

To be completed by the vendor:

Printed Name: ________________________________________________________________________

Signature: ___________________________________________________________________________

Date: _______________________________________________________________________________

Received by VP Office for Business Affairs _____________________________________________ Date __________

Revised - 06/2015