FORT BEND INDEPENDENT SCHOOL DISTRICT REQUEST FOR FOOD SALES OR SERVICE

(Please submit 30 days prior to event)

CAMPUS:		DATE SUBMITTED:				
DRGANIZATION/ CLUB:		SPONSOR:				
EXACT EVENT LOCATION: All information shall be provided for all items served or sold.			Elementary Days (District Approved): Circle One: 1 2 3			
*Required when products are sold du				1		
Product Name	Ser	vidual ving e(s)	* Nutrition Label shall be attached	Dat	e(s)	Time(s)
						- War keele
				-		
Check one of the following:				<u> </u>		
Catered Event: Company Name: Caterer's Health Permit Number v Food items provided by the Organ (All items shall be obtained from Food items purchased from the Ca	with expiration date ization. Purchase a licensed facilit afeteria.	Site:_ y. No h	omemade item	s shall b)
(Note: Food items purchased fro	om the cafeteria m	iust be o	ordered ten (10)) days ir	ı advance.))
Activity Coordinator(s):	Daytime Pho	ne		Evening	Phone	
Name	Daytime Pho	ne	Evening Phone			
This form shall be completed and submate of the proposed activity. This reaccordance with all State, County and the Organization before the sale/servicitems do not meet the State Nutrition processing this request or 3) Organization	quest shall be app City Health Regulate of food may occur of Policy (www.ag	oroved vations and the contract on the contrac	with the undersind Codes. An are campus. Recaus), 2) adequistrict requirement	tanding tapproved quest may ate time ents.	hat all sale copy must y be denied	s/service are be received d when: 1) fo
Prepared by:			Dat	e:		
Reviewed by:	cer of the Organiza	tion)	Dat			
Child Nutrition Office Circle One				Date:	1	
Approved / Not Approved						
Permit for Operation	CND Permit	Tempo	orary Permit	Permi	t not Requ	ired