

**FORT BEND INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR FOOD SALES OR SERVICE**

GE-E-4

*(Please submit 30 days prior to event)*

CAMPUS: Heritage Rose Elementary DATE SUBMITTED: \_\_\_\_\_

ORGANIZATION/CLUB: Birthday SPONSOR: \_\_\_\_\_

EXACT EVENT LOCATION: Class room

Elementary Days (District Approved):		
Circle One:	1	2      3

*All information shall be provided for all items served or sold.*

*\*Nutritional Information is required when products are sold during meals periods. Failure to provide the nutritional information shall result in denial of the sales or service and shall require resubmission.*

Product Name	Individual Serving Size(s)	* Nutrition Label shall be attached	Date(s)	Time(s)

Check one of the following:

<input type="checkbox"/>	Catered Event: Company Name: _____ Caterer's Health Permit Number with expiration date: Permit # _____ Exp. Date: _____
<input type="checkbox"/>	Food items provided by the Organization. Purchase Site: _____ <b>(All items shall be obtained from a licensed facility. No homemade items shall be allowed.)</b>
<input type="checkbox"/>	Food items purchased from the Cafeteria. <b>(Note: Food items purchased from the cafeteria must be ordered ten (10) days in advance.)</b>

**PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED ACTIVITY INCLUDING EQUIPMENT TO BE USED FOR THE EVENT:**

\_\_\_\_\_

Birthday Celebration Cupcakes

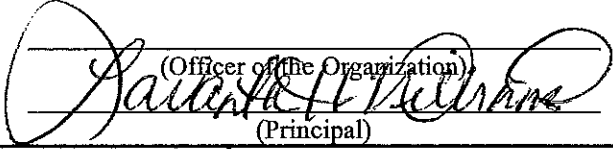
Activity Coordinator(s):

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

This form shall be completed and submitted to the Child Nutrition Department at least thirty (30) days prior to the date of the proposed activity. This request shall be approved with the understanding that all sales/service are in accordance with all State, County and City Health Regulations and Codes. An approved copy must be received by the Organization before the sale/service of food may occur on the campus. Request may be denied when: 1) food items do not meet the State & Federal Guidelines ([www.agr.state.tx.us](http://www.agr.state.tx.us) or [www.squaremeals.org](http://www.squaremeals.org)), 2) adequate time has not been allowed for processing this request or 3) Organization did not comply with District requirements.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by:  (Officer of the Organization)  
\_\_\_\_\_  
(Principal) Date: \_\_\_\_\_

Child Nutrition Office Use		Date	
Circle Approved OR Not Approved		:	
Approved	Permit for Operation	1) CND Permit	2) Temporary Permit
Not Approved	1) Item non-compliance with State & Federal regulations	2) Inadequate time for approval process	3) Organization did not comply with requirements; Nutritional Information, etc.