Associated Students of Hartnell College Food Sale Petition Form

THIS APPLICATION MUST BE APPROVED BY HARTNELL’S FOOD SERVICE MANAGER PRIOR TO SUBMITTING TO THE STUDENT LIFE OFFICE FOR APPROVAL.

NOTE: This form with APPLICATION TO USE FACILITIES, MISCELLANEOUS TECHNICAL CHECK LIST, CONTRACTS (if applicable) must be completed and submitted to the STUDENT LIFE OFFICE at least TWO WEEKS PRIOR TO THE EVENT.

TYPE OF FOOD SALE: __________________________________________________________

DATE OF FOOD SALE: ___________________________ TODAY’S DATE: ________________________

CLUB/ORGANIZATION SPONSORING FOOD SALE: _________________________________________

LOCATION OF FOOD SALE: __________________________________________________________

Student activities that include food may only be catered by the Hartnell College Cafeteria.

Contact person for this activity: ______________________________________________________

Day phone number: ___________________ Evening phone number: _______________________

THIS FOOD SALE IS SUBJECT TO THE FOLLOWING REGULATIONS. VIOLATIONS OF ANY OF THESE REGULATIONS CAN BE JUSTIFICATION TO STOP THIS ACTIVITY.

1. All meats for food sales must be approved by Hartnell’s Food Service Manager.
2. Solicited donations must be approved by Hartnell’s Food Service Manager. Perishable good items may not be solicited for donation from private individuals. Fresh fruit and vegetables can be an exception.
3. All perishable foods must be kept under refrigeration in the cafeteria prior to the sale. If special equipment is needed, i.e. warming trays, ice, etc., arrangements must be made two weeks in advance.
4. Meat items must be prepared under the supervision of the Food Service Manager.
5. Baked goods cannot contain whipping cream or custard. All baked items must be individually wrapped. Whipped cream may be added at the time of sale if kept under proper refrigeration.
6. Food servers must be in good health. Their hands must be washed prior to serving the food; they cannot have any open wounds or sores on their hands.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL FOREGOING CONDITIONS.

_______________________________________  ____________________________
Club Representative                        Date

_______________________________________  ____________________________
Club Advisor                                Date

_______________________________________  ____________________________
Food Service Manager                        Date

_______________________________________  Date ______________ □ Approved
ASHC Advisor

Submit to Student Life Office