

## Administrative Approval Form for Food Vendors

**Per the District, the following items are required for consideration of food vendors on campus. Please note that the following steps have been provided already to Student Services:**

- Temporary Food Facility Permit
- Food handler Certificates for vendor staff who will be working at the site
- Liability insurance in the minimum amount of \$1mm with a rider that names the SDCCD as also covered in the agreement identifying San Diego Community College District specifically
- Hold Harmless Agreement - completed by the vendor
- Vendor-Seller Agreement - completed by the vendor
- Administrative approval (Vice President or designee signature is pending)

Approved: \_\_\_\_\_  
Denise Whisenhunt,  
Vice President - Student Services

Requested by: the Dean of Student Affairs/Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

**REQUEST FOR USE OF FACILITIES AND PLACEMENT ON ROOM MATRIX**

**SAN DIEGO CITY COLLEGE**

*Must be completed at least 12 business days prior to your event.*

**TITLE OF EVENT:** \_\_\_\_\_ **No of Attendees:** \_\_\_\_\_

Location:	Event Date (s):	Day of Week:	Start Time:	End Time:
		S M T W T F S		
		S M T W T F S		
		S M T W T F S		
		S M T W T F S		

*NOTE: All weekend events require payment of minimum 4 hour custodial overtime charge. Please attach a diagram for all large set-ups.*

<b>EVENT DETAILS</b>		Admission Being Charged or Donations Solicited? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Requesting Org/Dept: _____		Contact Person: _____	
Phone/Ext: _____	Email: _____		
Club Advisor/Dean: _____		Signature: _____	
Phone: _____	Email: _____		
Purpose: _____			

**Additional Requested Services:**  
**CUSTODIAL:**

Diagram Attached    \_\_\_\_\_ # of Chairs\*    \_\_\_\_\_ #of Tables    Set Up Time: 8:00 am \_\_\_\_\_

Comments: \_\_\_\_\_

**Harry West Gymnasium:**     Curtains     Rims     Bleachers     Floor Coverings

\*Due to the limited number of tables and chairs reservations are on a first come - first serve basis.  
 \*\*Facilities Staff will no longer transport stages around campus (except for Board Meetings).

**SAVILLE THEATRE/STAGE:**  
 Request Use of Theatre    \*\* Requests must be approved by Robert Norberg (Technical Director) after determining availability and the technical needs of the production.

**MULTIMEDIA:**

Equipment Requests: **Amplified sound permitted between 12pm - 1:30 pm in Gorton Quad <input type="checkbox"/> CD Player/Radio <input type="checkbox"/> P/A System <input type="checkbox"/> LCD Projector/Screen <input type="checkbox"/> Laptop	Other: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

**FOOD SERVICES:**  
 Selling food/ refreshments?     Food Vendor Checklist & Forms Attached?

Food Service Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*\* VP of Student Services approval required for student FOOD events. Food Event Forms are available in Student Affairs. Must be submitted one month prior.

**COLLEGE POLICE/PARKING:**

Security Requested

No Permit Enforcement in lot(s): \_\_\_\_\_     Reserve: \_\_\_\_\_ spaces in Lot: \_\_\_\_\_ Permit Date: \_\_\_\_\_

One-Day Staff permits: # \_\_\_\_\_     Temporary Staff permits: # \_\_\_\_\_ Permit Date: \_\_\_\_\_

**ATHLETICS:**

Civic Center Contract     Proof of Insurance

Dean of Athletics Approval: \_\_\_\_\_

**APPROVALS:**

Approved     Denied    Authorizing Dean/VP: \_\_\_\_\_

Billing Budget/Acct#: \_\_\_\_\_    VP Administrative Services: \_\_\_\_\_

## MAJOR EVENTS APPROVAL FORM

SAN DIEGO CITY COLLEGE

Please complete this form if you expect 25 OR MORE attendees at your event. This form should be submitted with your Request for Use form. You must also post your event at <http://www.sdcity.edu/Events>.

**TITLE OF EVENT:** \_\_\_\_\_ **No. of Attendees:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time(s):** \_\_\_\_\_  
**Location(s):** \_\_\_\_\_  
**Event Organizer:** \_\_\_\_\_  
**Phone/Ext:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Are you expecting any honored guests? e.g. Celebrities, Government Officials, Media Personalities, local dignitaries, etc. If so, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule of Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of Event Purpose (attach flyer, press release, or other pertinent information):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**CC to College President:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# SAN DIEGO CITY COLLEGE

1313 Park Boulevard  
San Diego, California 92101-4787  
619-388-3400

*Student Affairs*  
619-388-3498

## Hold Harmless Statement

\_\_\_\_\_  
Individual or Company Name

Agrees to same and hold harmless the San Diego Community College District, it's employees, trustees, and students from any and all liability, costs, litigation or claims for injury or death to any person, including, Vendor or Vendor's employees; or for damage to any property, including but not limited to that of Vendor or the San Diego Community College District arising from any cause related to Vendor's Direct or indirect participation on City College. Vendor will arrange insurance to insure this potential liability in amounts sufficient to protect itself and the San Diego Community College District.

I agree with the above information and have read and understand City College's Procedures and Rules for Selling and the Hold Harmless Statement

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Seller's Permit #/ Tax I.D.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Seller's CDL#

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Food Handling Card #

\_\_\_\_\_  
Signature (Dean of Student Affairs)

**THIS FORM MUST BE IN POSSESSION OF VENDOR WHILE ON CAMPUS AND  
MUST BE PRODUCED WHEN ASKED BY COLLEGE OFFICIALS**

**SAN DIEGO CITY COLLEGE  
ASSOCIATED STUDENT GOVERNMENT  
VENDOR AGREEMENT**

The \_\_\_\_\_ (Club/Organization) agrees to sponsor \_\_\_\_\_ (Business) to sell their merchandise which includes: \_\_\_\_\_ to the students of San Diego City College.

As part of the following activity the Vendor will be allowed on campus on the following date(s): \_\_\_\_\_, during the hours of \_\_\_\_\_.

In exchange for this right, the Vendor agrees to pay \$ \_\_\_\_\_ (\$100 Non-profit), (\$150 Small business), (\$150 Food Vendor), (\$200 Corporate) per day for a total of \$ \_\_\_\_\_. This amount must be paid at the Cashier/Accounting Office (B-203) at least 5 working days IN ADVANCE of the scheduled event.

**VENDOR INFORMATION:**

**Representative Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Tax I.D.:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Print Vendor Name

**Signature:** \_\_\_\_\_  
A.S. President  
A.S. Vice President  
A.S. Public Events Coordinator

**Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Dean of Student Affairs

**Date:** \_\_\_\_\_

**Vendor Agreement Checklist - Copy Submitted:**

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| ➤ Caterer's License        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ➤ Restaurant License       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ➤ Proof of Insurance       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ➤ Food Handler Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Special Note: Vendors MUST pay first in order to set up for the scheduled event.**

**Copy Distribution:**

- 1) Original - Student Affairs
- 2) Cashiers