



Catering Application

Date: _____

Caterers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Contact Person

Name: _____

Phone: _____ Email: _____

Food Establishment License Number

Number: _____

Expiration Date: _____

Alcohol License Number (if applicable)

Number: _____

Expiration Date: _____



Please attach a copy of your certificate of Liability Insurance naming Wichita State University Union Corporation as additional named insured.

By signing this agreement, you agree to pay a 10% commission to Rhatigan Student Center on food.

Signature: _____

Date: _____

_____ Date: _____

Submit to: maria.ciski@wichita.edu

Please allow up to 10 business days for approval. You will receive a confirmation email on approval.
For questions call (316) 978-3475.