

**FORT BEND INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR FOOD SALES OR SERVICE  
(Please submit 30 days prior to event)**

CAMPUS: Sugar Mill Elementary\* DATE SUBMITTED: \_\_\_\_\_

ORGANIZATION/ CLUB: Parent SPONSOR: \_\_\_\_\_

EXACT EVENT LOCATION: Classroom Parent

*All information shall be provided for all items served or sold. \*Nutritional Information and the nutrition label are required when products are sold during meal periods. Failure to provide the nutritional information shall result in denial of the sales or service request and shall require resubmission.*

Product Name	Individual Serving Size(s)	*Nutrition Label shall be attached	Date(s)	Time(s)
attach full label to the back of this page				

Check one of the following:

<input type="checkbox"/>	Catered Event: <b>Company Name:</b> _____ Caterer's Health Permit Number with expiration date: <b>Permit #</b> _____ <b>Exp. Date:</b> _____
<input checked="" type="checkbox"/>	Food items provided by the Organization. <b>Purchase Site:</b> _____ <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 shall 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

**Activity Coordinator(s):**

Name \_\_\_\_\_ Day time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name \_\_\_\_\_ Day time 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: \_\_\_\_\_  
\_\_\_\_\_  
(Officer of the Organization) Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

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