

Department of Auxiliary Services
CATERING REQUIREMENTS AND EXCEPTIONS

On campus catering is provided by Chartwells. For College events that have unique requirements, you can request an exception to this process. Exceptions are reviewed on a case-by-case basis.

Key considerations for an exception include, but are not limited to, the intended audience and anticipated attendance; if the event is private, requires registration, or is open to the public; the intended recipient of event proceeds and/or profits; if Chartwells cannot offer the requested menu items or cannot offer the service at the requested event day/time. Additional consideration is given to CSN organizations holding a fundraiser.

CSN continues to monitor all guidelines related to safe food handling from the Southern Nevada Health District and Clark County. The following guidelines must be implemented for all catering exceptions. Your request for an exception must include documentation for how you will maintain these guidelines if an exception is granted.

- Provide a copy of the food service vendor's certificate of insurance (COI) with your request. This is only applicable if the food service provider will be delivering and serving food on a CSN campus.
- Agree that only disposable dishware and flatware will be used.
- Agree to follow SNHD and Clark County guidelines.

Please be advised that these guidelines are subject to change.

<https://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-regulations/>

Please contact Auxiliary Services at Auxiliary.Services@csn.edu for more information regarding the catering exception process.

CSN and Chartwells Catering Exception Request Form

Requestor: _____

Phone: _____ Email: _____

Event Name: _____ Date: _____ Time: _____

Campus: Charleston North Las Vegas Henderson Building _____ Room _____

Event Details: _____

Donor/Sponsor(s) (list all): _____

Intended audience: _____

Is the event private? Yes No Does the event require registration? Yes No

Admission Fee: Yes No Amount: _____ If yes, who receives proceeds?

Intended menu items: _____

Budget: _____

Submitted by: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Decision: Approved Declined Amount: _____

Rationale: _____

Signature: _____