



**DIVISION OF
AUXILIARY ENTERPRISES**

THIRD-PARTY VENDOR APPROVAL FORM

A completed approval form is required prior to vendor serving in any capacity on the JSU campus.

Please fax the completed packet to **(601) 979-0890** or email aux@jsums.edu

PLEASE PRINT OR TYPE LEGIBLY REQUESTING PARTY INFORMATION

DATE REQUESTED: _____

PRINTED NAME: _____

SIGNATURE: _____

DEPARTMENT: _____

EMAIL: _____

PHONE: _____

FAX: _____

EVENT INFORMATION

EVENT DATE: _____

EVENT LOCATION: _____

EVENT NAME: _____

SUPPORTING DOCUMENTS REQUIRED

- General Liability Insurance
- Food Establishment Inspection Report | State Health Department Permit
- W-9
- Menu
- ServSafe Certification

THIRD-PARTY LIABILITY STATEMENT

To the extent permitted by the State of Mississippi law, Jackson State University and SodexoMagic are NOT liable for possible ailments/ allergic reactions for the consumption of food from third parties.

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

PHONE: _____

FAX: _____

TYPE OF FOOD TRUCK: (circle one) TRUCK TRAILER OTHER _____

VENDOR PARTICIPATION FEE (VPF)

The Vendor Participation Fee (VPF) is \$200. This fee may be paid by check, money order or credit card. Payment must be received at least 5 business days prior to event. Check or Money Orders should be made payable to : Jackson State University

APPROVALS

DEPARTMENT:	PRINTED NAME:	SIGNATURE:	YES	NO	DATE
Auxiliary Enterprises	Kamesha Hill				
SodexoMagic-JSU Dining	SodexoMagic				
Follett- JSU Campus Store	Campus Store				

By signing above, you agree and approve of this vendor providing their service or product at the above mentioned JSU event.