To be considered as an “Approved Caterer” on Rice Campus applicants must complete the following application, provide proof of adequate insurance, agree to a kitchen visit by a qualified Rice University sanitarian, and pay an annual administrative fee of $100 if accepted. Names and contact numbers of Approved Caterers are listed on the Housing & Dining website.

Name of Catering Company: ____________________________________________________

Is your catering operation part of:

_____ a restaurant ______ a multi-unit chain ______ contract food management company

Catering Contact: ______________________________________________________________

Telephone: ___________________ Email: ________________________________

Address of catering kitchen

City __________________________ State __________________________

COH Food Dealer’s Permit No. __________________________ Exp Date: __________________

Website: _____________________________________________________________________

Category: American _____ Asian _____ BBQ _____ Italian _____ Seafood_____ Other __________________________

Breakfast ______ Sandwiches ______ Plated Dinners _______

Specialty? ___________________________________________________________________

Liquor license? __________________________ Beer/Wine permit? ___________________
Proof of Insurance:

Rice University requires approved caterers to carry the following minimum insurance coverages:

**Commercial General Liability coverage of $2M General Aggregate and $1 M Products/Completed Operations Aggregate:**

Insurance carrier: ____________________________________________

Policy # _________________________

**Automobile Liability of $1 M Bodily Injury and Property Damage each accident:**

Insurance carrier: ____________________________________________ Policy #

_________________________

**Liquor Liability Coverage $1 M. Use of TABC Certified Servers is preferred.**

Insurance carrier: ____________________________________________

Policy # _________________________

**Workers Compensation: $1 M each accident**

Insurance carrier: ____________________________________________

Policy # _________________________
Date of most recent inspection by City of Houston Health Inspector: ____________________

Score: ________________

Inspector’s findings: _____________________________________________________________

______________________________________________________________________________

Please return your completed application to:

Olivia Waldron
Housing & Dining, MS 750
6100 Main Street
P.O. Box 1892
Houston, TX 77251-1892
Phone: 713-348-3061
Fax: 713-348-5289
Email: owaldron@rice.edu

The undersigned agrees that the information contained on this application is true and correct.

____________________________________  ________________________
Applicant’s Signature and Date

____________________________________
Applicant/Title (please print)