



Lorain County Community College

CONFERENCE AND DINING SERVICES

FOOD WAIVER REQUEST APPLICATION

Thank you for your interest in using Lorain County Community College facilities. In order for the College to process your request for a food waiver, please complete and return this form by fax to 440-366-4101, email to conferencingatlccc@lorainccc.edu or by mail to Conferencing at LCCC, Lorain County Community College, 1005 Abbe Road North, Elyria Ohio 44035. Please note that waivers, if approved, apply only to food; clients are expected to assume 100% of all facilities, technology, and direct personnel expenses.

Organization: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Name of Event: _____

Please describe the purpose of your event: _____

Facilities Requested: _____ Please describe what food items you are requesting to bring in: _____

Preferred date(s): _____ Start Time: _____ Estimated Attendance: _____

Date flexibility? Yes No End Time: _____ Event open to the public? Yes No

Does this event involve fundraising? Yes No If Yes, please describe: _____

Will this event be publicized? Yes No If Yes, please describe: _____

CONFERENCE & DINING SERVICES OFFICE USE ONLY

Estimated Food Value: \$_____ Spitzer / Stocker Rental History? Yes No Alternative Space Available on Campus? Yes No

Notes: _____

LCCC ADMINISTRATION USE ONLY

Food Waiver Approved: Yes No Waived Food Value: \$_____ or _____%

Special Instructions: _____

Director Auxiliary Services Signature: _____ Date: _____