

# Seattle University Bake Sale Information Form

7KH HQWLW\ WKDW LV SXWWLQJ RQ WKH EDNH VDOH LV D SOHDVH PDU

Advisor / Professor  
Department \_\_\_\_\_

Name of the entity (club, department, etc.)  
wishing to put on the Bake Sale \_\_\_\_\_

Group Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

E-mail  
address \_\_\_\_\_

Bake Sale Date(s)  
(mm/dd/yr) \_\_\_\_\_

Bake Sale  
Times \_\_\_\_\_

Conference and Event Services  
Reservation # \_\_\_\_\_

In order to ensure that a King County Health Department Temporary Food Service Establishment Permit (currently \$267.00 ) is not needed, the entity that is putting on the Bake Sale must limit what is sold at the Bake Sale to items on this list. Please check the boxes of those items you will be selling, and/or note anything not on this list that you intend to sell at the Bake Sale.

Nonpotentially hazardous, ready-to-eat foods produced in a licensed food establishment or food

