

SOLICITATION PERMIT REQUEST FOR ACADEMIC CLASSES

Return this completed permit to Student Life Office, Suite 370, OMU, no less than **TEN (10) WORKING DAYS PRIOR TO DATE SOLICITATION WILL BEGIN.** Solicitation Permit Requests may require approval through several different departments depending on location, type of activity, type of set-up requested, etc. Please allow appropriate time for approval. Provide all information requested on the form. Additional materials may be attached to give details of request. **Academic Classes are responsible for contacting the Student Life Office to obtain a permit that will confirm approval of this request.** For further information, or if you have questions, call the Center for Student Life at 325-4415.

A non-refundable solicitation permit request fee of \$150 per semester will be charged. (This does not include football game days.) Additionally, a refundable \$100 facility use deposit, in the form of an Expense Transfer, or check, must be presented to the Student Life Office when submitting this request. The deposit will be used in the event the reserved facility requires extra clean-up or if the facility is damaged. If necessary, additional charges will be assessed and a form of payment will be negotiated. Payment must be made upon approval of this request. Solicitation locations will be assigned on a weekly basis to allow rotation of locations.

No publicity of solicitation should take place until receipt of a permit that verifies confirmation. If planning on publicizing the event, please complete a **Campus Display Form.**

Academic Course (Name and Number) _____

Name of Event Organizer _____ Daytime Phone Number _____

Name of Faculty/Staff Adviser _____ Daytime Phone Number _____

Date of Solicitation _____ Time of Solicitation _____ a.m./p.m. to _____ a.m./p.m.

Location Solicitation (Include building name and room number if applicable.) _____

Purpose of Solicitation (What will the money be used for?) _____

Type of Solicitation:

☐ Novelty items/Sportswear Describe what will be sold: _____

Any items with OU logos/University name must have prior approval from the OU licensing office and Follett College Stores (University Bookstore). For permission to use logos, contact Rick Hart, Director of Marketing and Licensing, Oklahoma Memorial Stadium, Room 3545, or call 325-7811. For permission to sell OU merchandise on campus, contact the Follett Representative, Gary Madole at 325-3511. *****Must attach licensing and/or Follett approval to this request.**

☐ Vending Food/Drinks All food/drink service must meet the standards of the Cleveland County Health Department (CCHD) and be approved by them before approval by the Student Life Office. CCHD Food/Beverage Approval Request Forms are available at the Student Life Office, OMU 370. For detailed information on Temporary Food Establishment Requirements, contact CCHD at 321-4048.

Only approved beverages may be served. For a complete list of approved beverages, contact the Student Life Office, OMU 370 or call 325-4415.

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PHYSICAL PLANT NEEDS: This information is required to completely consider the facility use request. **Student organizations are responsible for contacting Physical Plant (325-3060) AFTER approval of request to make specific arrangements and to coordinate costs/payment for these services.**

- ☐ **Tables & Chairs** Number of tables _____ Location of tables _____
- ☐ **Electrical Needs** Describe: _____
- ☐ **Security/Safety Concerns** (i.e. traffic control, road blocks, etc.): _____
- Has OUPD/NPD been contacted?** ☐ Yes ☐ No
- If yes, name of contact at OUPD/NPD: _____ Date of Contact _____
- ☐ **Other** (parade permits, etc.): _____

The signatures below indicate that these individuals have read and agree to comply with The University of Oklahoma Facility Use Policy for Academic Classes, and recognize they may be held individually responsible for any violation of the Facility Use Policy, Student Code or other University policy, state, local or federal law committed by the student organization or any of its members or officers.

Signature of Student Responsible for Event

Signature of Faculty/Staff Adviser Responsible for Event

-----**FOR OFFICE USE ONLY**-----

Date/Time Request Received ____ / ____ / ____ a.m./p.m. by _____

Action: ☐ Approved ____ / ____ / ____ by (CFSL staff member's name): _____

☐ Approved ____ / ____ / ____ with restrictions: _____
by (CFSL staff member's name) _____

☐ Not Approved ____ / ____ / ____ by (CFSL staff member's name): _____
for the following reason _____
Date _____

Academic Class notification by (CFSL staff member's name) _____ on ____ / ____ / ____

Semester Requested _____ Amount Paid \$ _____ Form of Payment: Check/Cash/Money Order/Expense Transfer

Date of Deposit _____ Permit # _____ Date Permit Picked Up _____ by _____