



FRATERNITY & SORORITY LIFE
MISSOURI STATE UNIVERSITY

Third Party Vendor Checklist

Contact Name at Third Party Vendor: _____

Current Venue Capacity at Third Party Vendor: _____

Phone Number: _____

Please Circle:

- Y The Third Party Vendor is properly licensed by the appropriate local and state authority.
- Y The Third Party Vendor is properly insured with a minimum of \$1,000,000 of general liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider.
- Y Minors may legally be in your establishment according to Springfield City Ordinance.

****If the answer to the questions below is "N" - please attach a statement explaining why.****

Y N The Third Party Vendor will provide adequate security in the form of bouncers, security guards, or police officers on site for the entirety of the event (there must be one guard per every 100 guests).

I agree to the terms and obligations stated above, and acknowledge that only through compliance with these stipulations will the chapter be in compliance with the self-governance policies of Missouri State University.

Chapter President Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

****Exchanges only****

Chapter President Signature: _____ Date: _____

Chapter President Signature _____ Date: _____

Chapter President Signature: _____ Date: _____