

## Caterer Information Form Child Care Food Program (CCFP)

Please complete and attach copies of current license(s), and food service inspection report(s) and food service management certification(s). Submit to the Department of Health, Bureau of Child Care Food Programs 4052 Bald Cypress Way, Bin A-17, Tallahassee, FL 32399-1727 or Fax: 850.414.1622.

<b><i>To be completed by Caterer:</i></b>	
<b>Legal Name of Company:</b>	
<b>Physical Address:</b>	
<b>Mailing Address, if Different:</b>	
<b>Owner/President:</b>	
<b>Phone No.:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Contact Name/Title</b> <i>(that will appear on the CCFP Caterer List):</i>	
<b>Phone No.:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Counties to be Served by Main Site:</b>	
In the event of a natural disaster including but not limited to hurricanes, we will be willing to temporarily provide service at a mutually agreed upon price to self-prep Child Care Food Program contractors. YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><i>Kitchen Facility Information to be completed by Caterer:</i></b> <b><i>List the kitchen(s) that produce and deliver meals (space provided on back for ownership of more than one facility).</i></b>	
<b>1. Kitchen Facility Name:</b>	
<b>Physical Address:</b>	
<b>Contact Name and Phone No.:</b>	
<b>License No. and Regulatory Agency</b>	
<b>Counties to be served by Site # 1:</b>	

\_\_\_\_\_  
Signature of Authorized Caterer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Caterer Information Form**  
**CCFP** *(continued)*

<b>2. Kitchen Facility Name:</b>	
<b>Physical Address:</b>	
<b>Contact Name and Phone No.:</b>	
<b>License No. and Regulatory Agency:</b>	
<b>Counties to be served by Site #2:</b>	
<b>3. Kitchen Facility Name:</b>	
<b>Physical Address:</b>	
<b>Contact Name and Phone No.:</b>	
<b>License No. and Regulatory Agency:</b>	
<b>Counties to be served by Site #3:</b>	
<b>4. Kitchen Facility Name:</b>	
<b>Physical Address:</b>	
<b>Contact Name and Phone No.:</b>	
<b>License No. and Regulatory Agency:</b>	
<b>Counties to be served by Site # 4:</b>	
<b>Comments and additional information:</b>	

\_\_\_\_\_  
**Signature of Authorized Caterer Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**