

INFORMATION AND REGISTRATION FOR CATERERS



Registration Information

The Child Care Food Program (CCFP), administered by the Florida Department of Health (DOH), is funded by the U.S. Department of Agriculture (USDA) and provides reimbursement to providers for meals served to children in their care. A list of registered caterers is available to CCFP providers wanting to serve vended meals.

In order to be registered with the CCFP, a caterer must be licensed, permitted, and inspected; per Title 7 Code of Federal Regulations §226.6(h)(i)(3) and rule 64F-17.004, Florida Administrative Code.

The licensing or permitting and inspecting authorities for caterers are:

- **Florida Department of Business and Professional Regulation** - Myfloridalicense.com
- **Florida Department of Health** - FloridaHealth.gov/environmental-health/food-safety-and-sanitation
- **Florida Department of Agriculture and Consumer Services** - FDACS.gov/Business-Services/Food-Establishments/Retail-Food-Establishment-Permit

Documents to Provide to the CCFP:

1. **CCFP Caterer Registration Form** - Complete all relevant sections, sign, and date.
2. **Current Food Service Permit or License** - Caterers permitted by the Florida Dept. of Business and Professional Regulation must have a risk level 3 inspection classification due to serving a highly susceptible population.
3. **Current Food Inspection Report** - This must be dated within the last 12 months.
4. **Current Food Service Manager Certification** - This must be from an approved testing center and for someone working in the kitchen. An approved list can be found at FloridaHealth.gov/environmental-health/food-safety-and-sanitation/food-manager.html

Email all caterer registration documents listed above to:

CateringContractInbox@FLhealth.gov

Caterer Registration

To be registered with the Florida Department of Health's Child Care Food Program (CCFP), a caterer must be licensed, permitted, and inspected, per Title 7 Code of Federal Regulations §226.6(h)(i)(3) and rule 64F-17.004, Florida Administrative Code. Send completed form to: **CateringContractinbox@FLhealth.gov**

CATERER INFORMATION

Legal Name of Company: _____
Physical Address: _____
Mailing Address: _____
(if different from above)

OWNER/PRESIDENT

Name: _____
Phone: _____
Fax: _____
Email: _____

BUSINESS CONTACT

Name:** _____
Phone: _____
Fax: _____
Email: _____

LOCATIONS

List the kitchen(s) that produce and deliver meals.

Site 1
Kitchen Name: _____
Physical Address: _____
Regulating Agency: _____
License Number: _____
Name of Contact:** _____
Phone Number: _____
Counties Served: _____

Site 2
Kitchen Name: _____
Physical Address: _____
Regulating Agency: _____
License Number: _____
Name of Contact:** _____
Phone Number: _____
Counties Served: _____

Site 3
Kitchen Name: _____
Physical Address: _____
Regulating Agency: _____
License Number: _____
Name of Contact:** _____
Phone Number: _____
Counties Served: _____

Site 4
Kitchen Name: _____
Physical Address: _____
Regulating Agency: _____
License Number: _____
Name of Contact:** _____
Phone Number: _____
Counties Served: _____

Signature of Authorized Caterer Representative

Title

Date

**** By signing this document, you acknowledge that, as a Florida Department of Health's Child Care Food Program registered caterer, the information provided here will be placed on the CCFP Caterer List and displayed on the Florida Department of Health's website.**