

Catering Information Form Adult Care Food Program (ACFP)

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 Elder Affairs Nutrition Program 4040 Esplanade Way Tallahassee, Florida 32399 or email to: barberg@elderaffairs.org

<i>To be completed by the Caterer:</i>	
Name of Catering Company, including DBA:	
License Number and Regulatory Agency:	
Physical Address:	
Mailing Address, if Different:	
Owner/President:	
Phone Number:	
E-mail:	
Contact Person's Name/Title (that will appear on the ACFP Catering List):	
Phone Number:	
E-mail:	
Counties to be Served by Main Catering Site:	
<i>List the kitchen that will produce and deliver meals. If you own/operate more than one kitchen, a separate Catering Information Form must be completed for each kitchen</i>	
Kitchen Facility Name:	
Physical Address:	
Contact Name and Phone Number:	
License Number and Regulatory Agency:	
Counties to be served:	

Caterer information Form

Please initial, acknowledging the requirements to be an approved caterer for the ACFP:

____ I am aware that if I am accepted on the ACFP catering list, my kitchen will be reported to the Department of Business and Professional Regulations as serving elders, which are a high-risk population. I am aware that my license will need to reflect such information, and it will be categorized as a "Risk Level 3."

____ I am aware no food service entity will be allowed on the ACFP catering list that has had a "temporary closure" or "administrative complaint" within 12 months of completing this application.

____ I am aware no food service entity will be allowed on the ACFP catering list that does not have at least 3 sanitation inspections and/or has not been open for business at least 6 months.

____ I am aware, once on the list, an accumulation of 10 high priority violations in a 12-month period (July 1 - June 30), an Administrative Complaint, and/or closure (temporary or permanent) issued by the Department of Business and Professional Regulations will result in immediate removal from the ACFP catering list, and subsequent immediate termination of any contracts with ACFP providers.

____ I am aware ACFP contracts must specify kitchen location and food can only come from the designated kitchen. Subcontracting and/or using any kitchen (whether approved or unapproved) without notifying DOEA in writing will result in immediate removal from the approved ACFP catering list for 12 months and subsequent termination of contracts with any and all ACFP providers.

Signature of Authorized Caterer Representative

Date

Title