

**Food Service Management Company  
Registration Cover Sheet**

School Year: \_\_\_\_\_

**I. COMPANY IDENTIFICATION**

1. Legal Company Name and Address (Street, City, State and Zip Code)


2. FSMC Directory Information

<b>FSMC Name :</b>	
<b>Contact Person(s):</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	
<b>FAX Number:</b>	
<b>E-Mail:</b>	

**II. CORPORATE PROFILE**

3. Is the company incorporated?

NO       Yes (If yes, give month, year and state incorporated in.)


4. List other names your company is presently using or has used in the past thirty six months.


5. Is the FSMC currently providing or has the FSMC ever provided meals to the following programs?

- Child Care Food Programs             No                             Yes  
 Adult Care Food Program             No                             Yes  
 Summer Food Service Program       No                             Yes

If the answer is yes and the programs were in VT, please complete the next section.

Program	Sponsor Name	Address	Phone

**III. PERSONNEL PROFILE**

6. List Name and Title of Individuals from the Company authorized to sign contracts.

Name	Title

7. List the individuals who are owners, officers, local area representatives, consultants and any individuals with at least 5 percent financial interest in the FSMC, and provide the following information for each: (Attach additional pages if needed.)

Name	Officer/Title

**IV. ADDITIONAL INFORMATION**

8. We currently provide service to LEA(s) in the following counties. Check all that apply.

Addison	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Rutland	<input type="checkbox"/>
Bennington	<input type="checkbox"/>	Grand Isle	<input type="checkbox"/>	Washington	<input type="checkbox"/>
Caledonia	<input type="checkbox"/>	Lamoille	<input type="checkbox"/>	Windham	<input type="checkbox"/>
Chittenden	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Windsor	<input type="checkbox"/>
Essex	<input type="checkbox"/>	Orleans	<input type="checkbox"/>		

9. We currently provide service to LEA(s) in the following states. Please List:


10. List the minimum conditions that must generally be met in order for your company to consider submitting a proposal/bid.


**V CERTIFICATION**

I certify that the information supplied on this application is true, complete and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law.

11. Name of person to notify if registration documents are incomplete or incorrect.

Print Name	
Phone Number	
FAX Number	
E-Mail:	

12. Name of FSMC Official Submitting Registration Documents

Print Name	
Signature	
Date	
Phone Number	
Fax Number	
E-Mail	