



**Food Caterer Application**  
Sartell Community Center  
850 19<sup>th</sup> Street South  
Sartell, MN 56377  
320.258.7331

**Valid Thru October 1, 2018 – September 30, 2019**

Caterers must carefully read and understand the details explained in the ***Sartell Community Center (SCC) Food Caterer's Rules and Regulations***. At the discretion of SCC, changes may be made in the *Rules and Regulations* from time to time. It is the responsibility of the caterer to make themselves aware of any and all changes, which may affect their services at SCC.

**(Please Print Clearly)**

Company Name: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Food Catering License #: \_\_\_\_\_

County FCL Issued In: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

MN Tax ID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Website Address: \_\_\_\_\_

What kind of food do you cater? *(Check All Applicable)*

\_\_\_\_\_ Breakfast

\_\_\_\_\_ Lunch Dinner

\_\_\_\_\_ Boxed Meals

\_\_\_\_\_ Delivery Only

What kind of service do you provide? *(Check All Applicable)*

\_\_\_\_\_ Full Service

\_\_\_\_\_ Limited to food setups and breakdown w/o Wait Staff

\_\_\_\_\_ Drop Off Only

\_\_\_\_\_ Other

**\*Applicants must submit a certificate of liability insurance covering the permit period in an amount of not less than \$1,000,000 combined single limit coverage naming the City of Sartell and/ or Sartell Community Center as additional insured.**

**Please Attach the following Documents:**

- Most Recent Health Department Inspection
- Health Department Permit(s)
- 3 References
- Liability Insurance Certificate

Caterers are subject to incurring any costs resulting from the unsatisfactory completion of required tasks while operating at SCC. This may include, but is not limited to, removal of trash and cleanup of the working areas in a timely manner.

Additionally, caterers who fail to abide by the *Rules and Regulations* will be removed from the approved catering list. This will prohibit the rendering of any further services at SCC, whether contracted directly by SCC or by customers utilizing the SCC. If removed from the list, caterers may reapply for approval and may be granted approval at the discretion of Sartell Community Center.

I attest that I have included the necessary paperwork from the checklist items. I have also read, and understand, and have in my possession a copy of the ***SCC Food Caterer's Rules and Regulations***, and have had any and all questions satisfactorily answered.

I will comply with the *Rules and Regulations* and understand that failure to follow these Rules and Regulations may result in charges and/ or the removal from the list of caterers approved to operate at SCC.

I hereby acknowledge the ***Sartell Community Center's Catering Rules and Regulations*** and agree to abide by said rules.

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Signature

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Print Name Date

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Title

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Sartell Community Center / Health Department USE ONLY

Approved by Supervisor		Date	
Approved by Director		Date	
Approved by Health Department		Date	