

**KFCM VENDOR RECORDS – FOOD**

Date: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Address food is prepared at  
\_\_\_\_\_

Food Safe Certificate Yes \_\_\_ No \_\_\_      Market safe Certificate Yes \_\_\_ No \_\_\_

Other Health Certificates \_\_\_\_\_

Do you have Liability Insurance Yes \_\_\_ No \_\_\_

Is the product Low Risk \_\_\_\_\_ High Risk \_\_\_\_\_      Lab Tests Yes \_\_\_ No \_\_\_ Not required \_\_\_

Have you included the above certificates, letters and results with your application? Yes \_\_\_ No \_\_\_

Was product prepared in a Commercial Kitchen inspected by Health Authority? Yes \_\_\_ No \_\_\_

List the products you sell


List food items being prepared **ON** site


List food items being prepared **OFF** site


I have read and understood the KFCMS Food Vendor Regulations-Refer to the <b>ROO2017</b>	
Applicants Signature _____	Date _____