

**KFCM VENDOR RECORDS – FOOD**

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

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

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

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

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

Other Heath Certificates \_\_\_\_\_

Interior Health Letter of approval    Yes \_\_\_\_\_ No \_\_\_\_\_

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**


<p>I have read and understood the KFCMS Food Vendor Regulations-Refer to the Rules of Operation</p> <p>Applicants Signature _____ Date _____</p>
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