

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 _____

Is the product Low Risk _____ High Risk _____

Interior Health Letter of approval for High risk food products Yes _____ No _____

Do you have Liability Insurance Yes _____ it is attached to my application _____ Yes

Lab Tests Yes ___ No ___ Not required ___ any processed/canned products require pH testing

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 ___

Are your products correctly labeled, please refer to the Vendor Handbook for more details and information

List the products you sell and their ingredients. Write on the back of this form if you need more space.

List food items being prepared ON site

List food items being prepared OFF site

I have read and understood the KFCMS Rules of Operation/Regulations Initial after reading the Rules of Operation and before sending in your application

Applicants Signature _____ Date _____