Outside Vendor Catering Program Application

Businesses interested in the Outside Vendor Catering Program should complete this application and submit it to the Office of Risk Management along with all the supporting documents listed on page 3. For more information about the program, visit our website: riskmanagement.ua.edu/catering.

Business name as it appears on your business license: ____________________________________________________________
________________________________________________________________________________________________________

DBA (doing business as): ________________________________________________________________________________

Type of Entity:

☐ Individual    ☐ Sole Proprietor    ☐ Corporation ("S" or "C" Type)    ☐ LLC    ☐ Partnership

Physical Address:                      Mailing Address:
Street _______________________________________         ______________________________________________
________________________________________________________________________________________________________
City ____________________ State ____ Zip ________         City _______________________ State ____ Zip ________

Business Phone: (_______) __________________       Cell Phone: (_______)______________________
Fax: (_______) ____________________

Key Catering Contacts & Title (include additional phone numbers):________________________________________________
________________________________________________________________________________________________________

Preferred Address for published contact list (check one):   ____ Physical Address    ___ Mailing Address

E-mail address: __________________________________________________________________________________
Website: __________________________________________________________________________________________

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Describe your catering business (e.g. history, background of key personnel and owners, cuisine, notable events, etc.):

Describe your food safety program (e.g. Hazard Analysis Critical Control Points (HACCP), food rotation, date coding, temperature monitoring, sanitization practices, pest control, etc.):

Describe your food preparation facility (i.e. location, preparation capacity, general description of equipment, etc.)

Describe the training of personnel on food safety, personal hygiene, protective clothing, staff illness, etc.:

If applicable, please explain corrective measures taken following any Health Department inspection scores below 90 in the past 12 months:
Supporting Documentation

All supporting documentation listed below must be submitted with this application. Incomplete submissions will not be accepted. Please check the boxes below to show that the supporting documents have been included:

☐ A completed, signed and dated copy of the Outside Vendor Catering Agreement. **We must have the fully completed, original signed agreement.** We cannot accept a scanned copy or a photo copy. Be sure to show your legal business name and not your DBA name on the agreement. Send it by U.S. Mail. Do not send it via email.

☐ A copy of your business license and food permit.

☐ A certificate of insurance that meets the requirements described in the Outside Vendor Catering Agreement. (A sample certificate can be found on our website.)

☐ A copy of the current Health Department inspection score.

☐ Copies of Health Department inspection scores for the past 12 months.

☐ Copies of food service safety training certificates and training records.

Applications with supporting documentation must be sent via U.S. Mail. Applications sent via email will not be accepted. Please sign below and submit this application with the supporting documentation to:

The University of Alabama
Office of Risk Management
Box 870119
Tuscaloosa, AL 35487-0119

All participants in the Outside Vendor Catering Program must register as a vendor with the Accounts Payable Department. Registration is done on-line. For more details, visit [accountspayable.ua.edu/pages/vendor%20information.html](http://accountspayable.ua.edu/pages/vendor%20information.html).

Signature: _______________________________ Date: ________________

Printed Name: _______________________________ Title: ____________________

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