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| Business Name | | | | Identification Number |
| Owner (Corporation, Partnership, Individual, etc.) | | | | |
| Street Address of Business | | | | |
| City | State | Zip Code | E-Mail Address | |
| Contact Person Name / Title | | | | |
| Phone No. (include area code) | | | Alternate (cell) Phone No. (include area code) | |
| Web Site | | | Fax No. (include area code) | |

This information may be provided on this form or on attached pages. To utilize this form, download it and then type in the spaces provided.

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| **Establishment Information** |
| Identify (with street address) all of your company’s existing food service (including food prep and food storage) establishments. Include all facilities whether owned, leased or sub-contracted. |
| Of the listed establishments identified above, which of these locations will be used in the preparation and/or storage of food destined for a DNC venue? |
| Will you be utilizing any temporary or mobile food service establishments during the event to prepare or store food? If so, where will they be physically located during operation (street address and/or floor location/space number is preferred if known)? |

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| **Food Transportation** |
| How many vehicles will be used to transport food to the DNC? |
| What hot or cold holding capabilities does each of the transport vehicles possess? |
| What hot or cold holding equipment will be used to transport food (if a temperature controlled food delivery vehicle is not used)? |
| When do you anticipate transporting food to the venue(s) (e.g., prior to the convention, 5 AM every day, just before service, etc.)? Please be as specific as possible. |
| What are the make, model, color and state license plate number of these vehicles? |

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| **Operations:** |
| To which venue(s) will you be providing food? Please identify the location(s), date(s) and time(s) of service. |
| What are your anticipated hours of operation during the week of 8/30/12-9/7/12 ? Please list hours of operation for each location (permanent or temporary) where food will be prepared or stored. |
| Do you plan to do any advance preparation of food that will be utilized at the DNC venue(s)? Please identify any item(s) and date(s) of preparation that apply. |
| List your menu items and identify which venue(s), date(s) and time(s) these items will be provided as well as the number of meals. [You may simply attach your proposed menu(s) if you choose.] |
| Do you intend to make allergen free foods available (by request or otherwise)? |
| Do you intend to serve any raw or undercooked animal food (e.g., rare prime rib, oysters on the half-shell, Caesar dressing made with raw eggs, etc.)? If so, identify the menu item and describe how the required consumer advisory will be displayed at the serving site. |
| Do you intend to serve any raw or undercooked fish (e.g., sushi, ceviche, etc.)? If so, provide proof of parasite destruction or appropriate records of aquaculture for each species. (The following tuna species do not require parasite destruction or aquaculture records – Albacore, Yellowfin, Blackfin, Southern Bluefin, Northern Bluefin and Bigeye.) |
| What food preparation steps will be done at your permanent location(s |
| What food preparation steps will be done at your temporary location(s)(e.g. convention site)? Describe what type of food preparation will be done at each location (e.g., making salads, cooking, reheating, assembling sandwiches, etc.). |
| Do you intend to partially cook, reheat or cool any menu items at the permanent location and complete the preparation process at the DNC site? Describe how this will be done. |
| Do you intend to save unused food items for use at a later time? |
| If so, what items will be saved? Describe how and where each item will be stored. |
| Describe the method(s) you use to cool foods? |

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| **Suppliers:** List your primary food and beverage suppliers with addresses. Be sure to include your seafood supplier. |
| **Name & Address** |

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| **Food Safety Information** |
| To help insure safe food and minimize the occurrence of foodborne illness risk factors, please make sure your food safety management strategies include and address: |
| * Sufficient methods to rapidly cool foods that are prepared in batches a day or more prior to service. * Maintenance of safe food temperatures (both hot and cold) during preparation. * Proper hand washing when required. * Prevention of bare hand contact with all ready-to-eat foods (best practices). * Food employees reporting to the person in charge any illness and/or symptoms they are experiencing including vomiting, diarrhea, jaundice, sore throat with fever or open sores on the body. * Exclusion of ill food employees from working with food and/or utensils. * Protection of foods from cross contamination by separating raw animal foods from ready-to-eat foods and cleaning/sanitizing food-contact equipment when required. |

Information submitted by:

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| --- | --- |
| Name (print) | Date |
| Title | |