

RESTAURANT MEALS PROGRAM INFORMATION FORM

Restaurant Name: _____

Owner(s) Name(s), as shown on business license permits:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Business Address: _____

City: _____

Zip Code: _____

Mailing Address: _____

City: _____

Zip Code: _____

Contact Person(s) Name(s):

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Telephone Number (s): _____

Cell phone Number: _____

FAX Number: _____

The information above will be used to prepare the Memorandum of Understanding (MOU) that will be mailed to you along with the Food and Nutrition Service (FNS) application for Meal Services.