

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.