



# Approved Caterer Application

## Instructions

Fill out and submit the form below. All fields and supporting documents are required unless otherwise indicated. Once completed email to [jbrown@townofleland.com](mailto:jbrown@townofleland.com), mail or drop off paper work. You will be contacted shortly thereafter to confirm receipt and approval if accepted. All new vendors are required to provide a sampling of the product. Drop off will be arranged. All new vendors are required to attend an annual meeting regarding facility usage. If policies/procedures change, all vendors will be notified via email and may be required to attend an update training or sign and return a form sent via email .

## Establishment Information

1. Name

2. Address

3. City  State  Zip

4. Phone  Fax

5. Catering Contact

6. Catering Contact Email

7. Web Address

\*If business is located at a different address than your establishment please enter the address at which you would receive information.

## Owner Information

1. Name

2. Address

3. City  State  Zip

4. Phone  Fax

5. Owner Email

### Business Information

Please check all the conditions that apply to your business

- Accept PO       Full Service\*       Breakfast  
 Can Sell Alcohol       Drop off Available       Lunch  
 Can Serve Alcohol       Pick up Available       Dinner       Break Service

\*Able to transport fully prepared food and heat and/or cool food on-site

### Description of Business/Products (short)\*

*\*This information will be provided to potential clients, listed in our marketing materials and online.*

### Required Documents and Information

To ensure timely processing of your application, please include the following items/documents. Incomplete applications will not be processed.

#### 1. Application Fee - Required

A \$100.00 application/LCAC vendor fee for registration is due upon receipt of the signed application form (refundable if not accepted). Please make check payable to

Town of Leland. Check Number

Credit Card #       Expiration Date

Visa       MasterCard       American Express

Name on Card

## 2. Permits -Required

Health Permit Issued by:  Exp. Date:  mm/dd/yyyy

*\*A copy of the permit must be included*

### A. Current Food Handler Certificate - Required

Certificate Issued by:  Exp. Date:  mm/dd/yyyy

*\*Please attach a copy of your current food handler(or food safety) certificate. i.e. from ServSafe*

### B. Vendor/Business License - Required

Certificate Issued by:  Exp. Date:  mm/dd/yyyy

*\*A copy must be included*

### C. License to Sell and Serve Alcohol - Required only if you plan to sell and serve alcohol

You must submit a copy of the valid license that allows you to Sell/Serve alcohol at off - site catered events. (This is your STATE issues permit)

### D. Insurance - 1-5 required

Items 1-5 are required - no exceptions! All Certificates of Insurance must name the **Town of Leland and the Leland Cultural Arts Center** as the additional insured and obligates the insurer to notify the Leland Cultural Arts Center at least 30 days prior to cancellation or changes in any of the required insurance. The Certificate of Insurance should read:

The Town of Leland  
Leland Cultural Arts Center (LCAC)  
102 Town Hall Drive  
Leland, NC 28451  
LCAC physical address 1212 Magnolia Village Way Leland, NC 28451

### 1. General Liability - Comprehensive or commercial Form (minimum limits)

- a. Each Occurrence \$500,000
- b. Products and Incomplete Operations \$1,000,000
- c. Personal and Advertising Injury \$500,000
- d. General Aggregate \$1,000,000

**If such insurance is written on a claims-made form, it shall be subject to the Town's approval as to survival of coverage and the retroactive date of placement.**

Certificate Issued by:  Exp. Date: mm/dd/yyyy  
*\*A copy must be included*

## 2. Commercial Automobile Liability\*\*

For owned, scheduled, non-owned or hired automobiles with a combined single limit of no less than \$1,000,000 per occurrence (minimum limits).

\*\*In lieu of Commercial Automobile Liability, a "rider" on Personal Auto Insurance verifying policy coverage in the amount of \$1,000,000 per occurrence (minimum) as well as a statement specifying commercial/business use of the vehicle being insured may be submitted.

Certificate Issued by:  Exp. Date: mm/dd/yyyy  
*\*A copy must be included*

## 3. Worker's Compensation - As required under North Carolina State Law

Certificate Issued by:  Exp. Date: mm/dd/yyyy  
*\*A copy must be included*

## 4. Optional Liquor Liability Insurance

In order to serve alcohol (NO SALE) in the LCAC without a State Permit, a copy of proof of Liquor Liability coverage, in the amount of \$1,000,000 per occurrence (minimum) must be included.

Certificate Issued by:  Exp. Date: mm/dd/yyyy  
*\*A copy must be included*

5. Such other insurance in such amounts as from time to time may reasonably be required by mutual consent of The Town of Leland and Caterer against such other insurable hazards relating to performance.

I understand that each of the above items must be included with the signed and dated application form or the application will not be considered.

## 3. Guidelines and Agreements

### A. Indemnification

Caterer shall defend, indemnify and hold the Town of Leland, LCAC, its officers, employee and agents harmless from and against any and all liability, loss of expense (including reasonable attorneys' fees) or claims for injury or damages arising out of the Caterer's activities on the Town of Leland premises.

**B. Maintaining Current Information**

If your Health Permit, License to Serve Alcohol or Insurance Coverage expires before June 30, 20\_\_\_ , you are required to notify LCAC manager and send a copy of a new permit, license or proof of coverage. If these documents are not kept up to date, and LCAC is not notified of the renewed documents, LCAC reserves the right to cancel your status as an Approved Registered Caterer and your fee will NOT be refunded.

**C. Annual or Update LCAC Facility Usage Meeting**

New Vendors are required to attend all mandated meetings prior to being allowed to work in LCAC. Current Vendors may have to attend an update meeting if there are changes to the current policies/procedures to continue working in LCAC. Most updates may only be via email.

I understand and agree to the above statement.

**D. Agreement**

I have read this application and understand all the requirements. By signing below, I warranted that I understand and agree to comply with the contents and requirements of this application. Further, I understand that my registration is valid only if my health permits, alcohol license and insurance coverage remain current. Any violations of regulations may cause removal from the LCAC's registered list of approved caterers. As a new vendor I agree to make arrangements to provide LCAC a sampling of catered products as part of the application and understand that the sampling will also determine acceptance.

Signature  Date

LCAC encourages Caterers of all types to apply. Cliental with varying tastes/budgets as well as Events with varying needs based on taste, budget and theme will be held at LCAC. We would like to have a variety of offerings for these patrons to meet their individual needs.

*\*\*The Town of Leland/LCAC does not discriminate against any employee or any applicant because of race, color, sex, national origin, age, marital status, religion, or handicap unrelated to job requirements.*