



Catering Application

Applicant Information

First Name _____ Last Name _____ Title/Position _____

Company/Restaurant _____

Business Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Personal/Cell Phone _____ Email _____

Fax (if applicable) _____ Federal Tax ID _____

MN Catering License Number and Expiration Date _____ / _____ / _____

Secondary Contact Person _____ Secondary Phone _____

Secondary Email _____ Title/Position _____

Catering Services and Options

(check all that apply and write brief description of your menu/services)

_____ Vegetarian	_____ Halal	_____ Linens/Napkins
_____ Vegan	_____ Gluten-Free	_____ Centerpieces/Décor
_____ Kosher	_____ China/Glassware/Silverware	_____ Full Service
Other Option(s): _____	_____ Drop-off Service Only	

(*Required) Brief description of menu/services: _____

Please attach all menus available with explanation of services and other packages offered.

Applicant Signature

I affirm that all information and statements made on this application are full and true to the best of my knowledge. I have read the terms and conditions outlined in this document by the Maple Grove Parks & Recreation Board and agree to abide by them. I agree to be bound by the above terms as a condition of the Catering Application by the Maple Grove Community Center.

(Print Name)

(Signature)

(Date)