NEVADA DEPARTMENT OF AGRICULTURE
Food and Nutrition Division
Meal Vendor/Caterer Registration

The purpose of vendor registration is to identify companies that have been approved by the Nevada Department of Agriculture to provide meals to Child Nutrition Program sponsors in Nevada. Once your application is submitted, the Food & Nutrition Division will review the application and notify applicants of approval or denial of the application. An on-site inspection of meal production facilities may be required for approval. Failure to submit all required documents may delay the approval process or result in an application being denied.	Submit to: Nevada Department of Agriculture Food and Nutrition Division 405 S 21st St. Sparks, NV 89431 Telephone: (775) 353-3758 Email: fnd@agri.nv.gov
Company legal name and address: Federal Tax ID # _____	Contact person(s): Name, Title, Address (if different from corporate address), phone, fax, email:

1. Specify the type of contracts and programs your company is registering for; check all that apply.

   ☐ NSLP ☐ SBP ☐ CACFP ☐ SFSP

   ☐ Meals contracted to be prepared at the sponsor's site.

   ☐ Meals contracted to be prepared at meal vendor's facilities. Indicate delivery/pickup options below.

   ☐ Company contracts to **deliver** meals to sponsor's site(s).

   ☐ Company contracts to prepare meals; sponsor may **pick up** meals at central location.

2. Indicate any restrictions/additional requirements of the company in providing meals (example: limited delivery area, specific Nevada Counties, unable to provide meals on weekends, etc.). Attach additional pages if necessary.

   _____

   _____

3. Indicate the meal types your company is able to provide. Check all that apply.

   ☐ Hot ☐ Cold ☐ Breakfast ☐ Lunch ☐ Supper ☐ Snacks ☐ Bulk Food

   ☐ Individual Servings ☐ Supplies (sporks, forks, napkins, etc.) ☐ Seasonal Menu ☐ Field Trips

4. Are you able to utilize USDA Foods or DOD Fresh produce in provided meals, if available to you? ☐ Yes ☐ No
   Additional information is found here: http://www.fns.usda.gov/fdd/schoolscn-usda-foods-programs

5. Attach a set of sample cycle menus (minimum four weeks) for all meal types (breakfast, snack, lunch, supper) provided by the company. If applying for **NSLP** attach four weeks of menu certification worksheets (for breakfast and lunch meals). Additional information may be requested.

6. Attach a copy of your health permit and a copy of your most current food service inspection report from the appropriate health authority for the facility in which you plan on preparing vended meals. Please attach any certifications from your current certified food handlers.

7. List names and titles of individuals from the company authorized to sign contracts.

   _____ _____ _____

8. Are any employees currently employed by this company on any excluded party or debarment list? ☐ Yes ☐ No

9. Has the company previously provided meals in compliance with the meal requirements of the CACFP as specified in 7 CFR 226.20, SFSP as specified in 7 CFR 225.16, NSLP as specified in 7 CFR 210.10, or SBP as specified in 7 CFR 220.8?

   ☐ Yes ☐ No If so, attach a list of names and contact information where meals were provided.

10. List three of your suppliers' names and contact information.

Name	Address	Phone Number

For NDA Use Only Date Approved: _____

NDA Approved by: _____ _____
Printed Name Title

_____
Signature