



Town of Camp Verde

REQUEST TO BE PLACED
ON THE
RESTAURANT VENDOR LIST

Background:

The Town of Camp Verde frequently provides meals for various meetings, serving approximately 10 to 15 people. It is the policy of the Town to make every attempt to provide equal opportunity to as many local restaurants as possible.

The Town is developing a “Restaurant Vendor List” to ensure that each establishment has every opportunity to participate. The list will be developed as follows: the first response received will be listed in the first position, the second response in the second position, and so on. The Restaurant Vendor List will be a rotating list utilizing a next-in-line format.

Requirements:

- Boxed Meals for 7 to 15 people. Meals should consist of a main course with a side dish and dessert such as a cookie or piece of fruit. An example of a boxed meal is a sandwich wrap, pasta salad, and a cookie, or a hamburger, fries, and lettuce, tomato, onion, pickles and a slice of fruit, or pizza slices and salad. Dessert is not required.
- Your menu for the boxed meals should be included with this request. For example, if you offer more than one selection, it should be noted. i.e. – you offer a hamburger and fries for \$6.99 and a pulled-pork sandwich and fries for \$7.99. We are not requesting your entire menu, but rather, a shortened menu that would be used for our purposes on short notice.
- Condiments must be included.
- Utensils and napkins must be included.
- Delivery is required. Staff will contact you with as much notice as possible with a delivery time. We usually have at least 24 hours notice. You must include delivery charges with the price of the meals.

Instructions:

Complete the following form, include a copy of your most recent Food Handler’s License, and return to:

Town of Camp Verde Clerk’s Office
Attn: Virginia Jones, Deputy Clerk
473 S. Main Street, Ste.102
Camp Verde, AZ 86322

If you have any questions, please feel free to contact the Clerk’s office at 928-567-6631, extension 105.



RESTAURANT VENDOR LIST

- Name of Restaurant _____
- Owner _____
- Address _____
- Telephone Number _____
- Food Handler's License Expiration Date _____
- Business License # _____
- Type of Payment preferred: Cash Check MasterCard Other _____
- Would you be willing to set up an account for the Town? Yes No
- Cost per Individual meal (include delivery charges, if any): _____
- Describe the boxed meal: _____

- Minimum notice required: _____