



Food Truck Vendors **Checklist**

To be added has a Food Truck Vendor you must **submit together ALL** of the following documents:

☐

Vendor Registration Form

☐

Copy of W-9 Completed & Signed

☐

Copy of Certificate of Insurance

☐

Copy of Permit to Operate

☐

Copy of Current Health Inspection

www.aguafria.org/foodtruckvendor

AGUA FRIA UNION HIGH SCHOOL DISTRICT #216

1481 N Eliseo Felix Jr. Way, Avondale, AZ 85323

Phone: 623.932.7000 Fax: 623.932.7018

www. aguafria.org

**FOOD TRUCK VENDOR REGISTRATION FORM**☐

NEW APPLICANT

☐

INFORMATION CHANGE

Legal Name of Organization/Individual:

Doing Business As (If Applicable):

Federal ID # or SS Number:

Mailing Address**Remittance Address (If Different)**

Address:

City

State/Province

Zip/Postal Code

Contact Name and Title

Telephone Number

Fax Number (if applicable)

Email Address (Purchase Orders)

Email Address (Bids/Proposals/Quotes)

Does your company accept purchase orders? ☐ Yes ☐ NoDoes your company accept net 30 days payment term? ☐ Yes ☐ NoAre You An Employee of the Agua Fria Union High School District? ☐ Yes ☐ NoAre You A Relative of An Employee of the Agua Fria Union High School District? ☐ Yes ☐ No**NOTE:** Agua Fria Union High School District Policy requires YES for both 30 day net terms and the accepting of Purchase Orders.Please provide a brief description of your company's products or services:**DOCUMENTS TO SUBMIT TOGETHER:** ☐ Vendor Registration Form ☐ Copy of W-9 Completed & Signed☐ Copy of Certificate of Insurance ☐ Copy of Permit to Operate ☐ Copy of Current Health InspectionArizona Transaction Privilege License Number (Sales Tax Number) 21170140

If out-of-state vendor, do you charge sales tax? () Yes () No

Please submit a completed W-9 by emailing your complete registration to foodservices@aguafria.org

I am duly authorized to certify the information requested herein and to the best of my knowledge, the elements of the information provided herein are accurate and true as of this date:

Authorized Signature: _____

Date: _____

AGUA FRIA UNION HIGH SCHOOL DISTRICT #216

1481 N Eliseo Felix Jr. Way, Avondale, AZ 85323

Phone: 623.932.7000 Fax: 623.932.7018

www.aguafria.org



FOOD SERVICE VENDOR REGISTRATION FORM

The Purpose of the Food Service Vendor Registration Form is to allow local businesses to provide food and/or beverage services and products to Agua Fria Union High School District clubs, groups, programs etc. without being a vetted approved district vendor.

- Businesses agree to not receive district funds for their services.
- Businesses must submit a complete Vendor Registration Form, a current copy of their Maricopa County Permit to Operate, latest Health Inspection and copy of their insurance.
- Approved status will expire every year on June 30th. All approved vendors must resubmit registration forms and required documentation after July 1st to be eligible for approved status for the upcoming school year.
- Businesses providing Time/Temperature Control for Safety products (TCS), need to ensure all Maricopa County Environmental Services (MCES) and Food and Drug Administration Code (FDA) regulations and codes are adhere to during storage, prep, cooking/chilling, service and delivery.
- Businesses agree to not use or provide any "Damaged Food" in part or all of the food/beverage items provided to a Agua Fria Union High School District club, group, program, etc.
- Businesses must provide an ingredient list of their products if they contain one or more of the United States Department of Agriculture (USDA) 8 most common food allergies:
Milk, Eggs, Fish, Crustacean Shellfish, Tree Nuts, Peanuts, Wheat and Soybean.

☐ I agree to all above.

Date: _____

Authorized Signature: _____

Print Name: _____

VENDOR AGREEMENT

This Vendor Agreement ("Agreement") is entered into between - ♦ - - - - - (the "District"), and - - - - - ♦ ♦ - ("Vendor") to grant Vendor permission to sell its products or its services at _____ ["Event"]. The Agreement shall be effective on _____ and shall expire on _____.

As a vendor permitted to sell its products or services, Vendor agrees to the following conditions:

1. Vendor shall remain in compliance with applicable federal, state and local laws, ordinance and regulations. Vendor shall at all times comply with safety requirements and shall obtain necessary licensing, permits and insurance for the sale of products and services.
2. Vendor shall maintain its space and the area surrounding it in conformity with all applicable sanitary and health laws and regulations and shall also keep the space and the surrounding area neat, clean, and free of accumulated refuse and debris. District reserves the right the shut down any vendor not meeting cleanliness and safety codes and laws.
3. District reserves the right to relocate the Vendor at any time, even during the event.
4. Amplified sound is not permitted to come from the Vendor's space.
5. Garbage disposal may not available at the Event. Vendor shall remove garbage from the site at the end of the Event.
6. Vendor is an independent contractor and does not have the authority to represent itself as an agent or representative of District.
7. District is not responsible for any delay or failure to perform due to any circumstances.
8. District shall not be liable to the Vendor for consequential damages, including lost profit or no revenue.
9. Vendor agrees to allow the use of video and photography taken by District for promotional and other purposes, and such video and photograph are the property of District.
10. Vendor shall provide a certificate of liability insurance with minimum limits of \$1,000,000 naming the _____ School District, its officers, employees, and agents" as an Additional Insured.
11. Vendor agrees to indemnify, defend and hold harmless District and its officers, employees and agents from any and all losses, damages, claims, liability, expenses or costs arising from any accident or occurrence causing injury or damage to any person or property (including vendor/users employees or property) relating or attributed to District's authorization for Vendor to sell or donate food product at the event. The Vendor's obligation to indemnify, defend and hold harmless as indicated above shall continue notwithstanding the expiration or revocation of the permission to sell its products or services.
12. This Agreement shall be construed under the laws of the State of Arizona and shall incorporate by reference all laws governing intergovernmental agreements and mandatory contract provisions of state agencies required by statute or executive order. All statutes and regulations referenced in this Agreement are incorporated herein as if fully stated in their entirety in the Agreement. Each Party agrees to comply with and be responsible for the provisions, the statutes, and the regulations set out in this Agreement.

Date: _____

School District
Authorized Representative

Vendor Name:
Authorized Representative

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requestor. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 8.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
-----------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they