

***** If there is a contract with the facility you must meet all the requirements of the contract. *****

FOOD SERVICE MANAGEMENT

NAME:	Date
<input type="checkbox"/> Food Handler's Permit	
<input type="checkbox"/> Copy of Driver's License	
<input type="checkbox"/> Proof of Auto Insurance	
<input type="checkbox"/> Proof of Personal Medical Insurance	
<input type="checkbox"/> **Student Release Form**	
Welcome Email	
Items Received Emails	
File Complete Email	
FILE COMPLETE	