

# FOOD SERVICE MANAGEMENT COMPANIES REGISTRATION FORM

2017-2018  
(Please Print)

COMPANY INFORMATION			
Legal Company Name		Is this a minority owned enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FSMC Contact Information			
Contact Person:		Email	
Mailing address:		Phone number (    )	
City:		State:	ZIP Code:
Is this company incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list month, year, and state.	Does the company pay taxes in Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____	
Has the company used other names in the past twenty-four months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list.			
Is the FSMC currently providing or has the FSMC ever provided meals to the following programs (in Arkansas and/or other states)?			
National School Lunch Program (NSLP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of NSLP served _____	
School Breakfast Program (SBP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of SBP served _____	
Child Care or Adult Feeding Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Seamless Summer Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child and Adult Care Food Programs (CACFP – DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summer Food Service Program (SFSP – DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROGRAMS SERVED	
Number of awarded school district contracts in Arkansas _____	
Have any school district contracts in Arkansas been terminated? <input type="checkbox"/> Yes (If yes, continue on back) <input type="checkbox"/> No Explain: _____ _____ _____	
Personnel Profile:	
List the name and title of individuals from the company that are authorized to sign contracts: (attach additional pages if needed)	
Name	Title
List all individuals who are owners, officers, local representatives or consultants for the company. (Attach additional pages if needed)	
Name	Title
List any individual who has at least a 5 percent financial interest in the FSMC and provide the following information for each: (Attach additional pages if needed)	
Name	Officer/Title

Is the FSMC willing to provide service throughout the state of Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list counties in which the FSMC wishes to do business.	
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**Food Service Management Companies who state that they WILL do business in all counties will be expected to respond to all LEA requests with a proposal or provide an explanation as to why the FSMC did not submit a proposal.**

**Consulting Contracts**

List the names of all LEA(s) in Arkansas that had consulting contracts with the FSMC in the last two years. (Attach additional pages as needed)

Year	SFA/LEA	County

**CERTIFICATION**

**I CERTIFY that the information supplied on this application is true, complete and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law.**

Name of FSMC Official SUBMITTING registration documents:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DUE BY SEPTEMBER 23, 2016 at 4:30 p.m.**

Fax, Email or Mail signed FSMC registration form to:

Susie Ward  
 Arkansas Department of Education, Child Nutrition Unit  
 2020 West 3<sup>rd</sup> Street, Suite 404  
 Little Rock, AR 72205  
[Susie.ward@arkansas.gov](mailto:Susie.ward@arkansas.gov)  
 Fax: 501-324-9505