

# Menu and CalCard 2020

Business Name	Date
Business Address	FA
Business Owner Name	PR
Business Owner Telephone	PE
Commissary Name	
Commissary Address	

**1** List complete **MENU** that you will be serving (do not list prices): **See attached menu**


**2** List all **EMPLOYEES** and CFM/CalCard information:

Name	CFM or CalCard	Class Provider	Expiration Date

Completed by: \_\_\_\_\_

Print Name	Signature	Title
------------	-----------	-------