## **NOTARIZED LETTER**

	hen/Restaurant:
	ber:
	nber:
D.475	
DATE:	
l,	, owner/person in charge of
	, grant full permission to
	to use my food establishment for food preparation,
storage, and dishwas	hing. I understand that they will have full access to our kitchen
facilities for cooking a	and food preparation needs. They will be held liable for the safety
of any products or se	rvices they provide to the public. I will provide them with a copy of
our city business lice	nse and our most recent health inspection report. This letter
clarifies our agreeme	nt from
If any further informa	ation is required, I can be reached at ( <u>)</u>
Print name of owner,	person in charge:
Signature of owner/p	erson in charge:
	<del></del>
Print First Name and	Last Name of Special Event Food Vendor:
Print name of Busine	ss of Special Event Food Vendor:
Signature of Special E	vent Food Vendor:

Notary Public signature, stamp, and date: