

Church of the Risen Savior



Caterer/Bartender Registration Form

Please Print

Business Name: _____

Physical Address: _____ (Street)

_____ (City) _____ (ST) _____ (Zip)

Postal Address: (if different from above)

_____ (Street)

_____ (City) _____ (ST) _____ (Zip)

Owner: _____

Mobile Number: _____

Contact Person: _____

Mobile Number: _____

Caterer/Bartenders must abide by the rules set forth in the Conditions of Use and the Kitchen Use Guidelines.

To be considered as an Approved Caterer/Bartender, you must submit the following information:

- Copy of State of Missouri Certificate of Incorporation
- Copy of \$1,000,000.00 liability insurance coverage
- Copy of State of Missouri Liquor License
- Copy of \$1,000,000.00 liquor liability insurance coverage

By signing this Caterer/Bartender Registration Form, we agree to the above and all rules listed in the Conditions of Use and Kitchen Use Guidelines.

Caterer Signature: _____ **Date:** _____

Please return all documents to: Church of the Risen Savior, 605 Bluff Street, Rhineland, MO 65069. 3/28/11