

Angel Food Ministries



"A Food Ministry With A
Servant's Heart"

HOST SITE APPLICATION

*Church/Organization Name _____

*Street Address _____ Mailing Address _____

*City _____ State _____ Zip _____ City _____ State _____ Zip _____

*Phone _____) _____ Fax: _____)

Email: _____ Website: _____

*Fed. Taxpayer Id. # (FEIN) _____ or SSN _____ Name _____

*Host Site Director _____ *Pastor _____

*Address _____ *Address _____

*City _____ State _____ Zip _____ *City _____ State _____ Zip _____

*Daytime Phone _____) _____ *Daytime Phone _____)

Cell _____) _____ Cell _____)

Email: _____ Email: _____

What is your church/organization size? Less than 100, 100 - 300, 300 - 500, 500 - 1000, Over 1000

Church/Organization Denomination/Affiliation: _____ Year Started: _____

What type of facility will you be utilizing for your distribution? (i.e. fellowship hall, church basement, foyer, etc.) _____

*Do you have refrigeration available? No Yes, Type _____

*Are you going to pick up your orders in Monroe, Georgia, or will you require delivery? PICK UP DELIVERY

If delivery is required, please attach directions to your facility.

IMPORTANT: Any applicable sales taxes must be collected, reported and paid by the host site to their state's department of revenue. Not all states impose sales taxes on food. Please contact your state revenue office for information concerning sales tax in your state.

*Application Date: _____ Requested Start Date: _____ *Referred By: *[Signature]*

***Your application must be accompanied by a \$50.00 check or money order payable to Angel Food Ministries. This will help us defray the cost of your training materials. If approval is denied, your money will be refunded.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ Gender: Male _____ Female _____
Race: (Mark one or more) White _____ Black or African American _____ American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

I understand that my application is subject to approval by Angel Food Ministries and that the application process may take up to 30 days. I also understand that I **cannot submit an order** until I have received approval and training from Angel Food Ministries. Any questions regarding my application can be directed to Angel Food Ministries at the numbers below.

Signed _____ Date _____

*Items with an asterisk are required information. Upon completion, please mail your application to:

P.O. Box 128 Good Hope, GA 30641 Phone 770-267-7015 Fax 770-267-8031

Angel Food Ministries is an equal opportunity provider and employer. Complaints of discrimination should be sent to

USCA Director, Office of Civil Rights, Washington, DC 20250-9410