



# Caterer's Application

Business Information **(please print)**

Business Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Catering Contact \_\_\_\_\_ Web Address \_\_\_\_\_

Owner Information \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

*If you have any questions about this process or our catering requirements, please call the Recreation Supervisor at 530-661-2000.*

1. Application Fee – ~~Required~~ **WAIVED 2024/2025**  
There is a \$100 annual fee in order to be included on the Registered Caterers List. Please make check payable to the City of Woodland.
2. Permanent Food Facility County Health Permit - **Required**  
Please attach a copy of your current permanent food facility county health permit.

**Health Permit Issued By:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

3. Current Food Handler Certificate - **Required**  
Please attach a copy of your current food handler (or food safety) certificate.

**Certificate Issued By:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

4. License to Serve Alcohol - **Optional**  
If you have a license to serve alcohol at off-site catered events, please attach a copy to this application (Department of Alcoholic Beverage Control Type 58 Caterer's Permit)
5. Insurance - **Required**  
All Certificates of insurance must name the City of Woodland, as an additional insured and obligates the insurer to notify the City of Woodland at least thirty (30) days prior to

cancellation or changes in any of the required insurance. The Certificates of Insurance should read:

City of Woodland  
Community Services Department  
2001 East Street  
Woodland, CA 95776

**Items a through e must be included with application.**

- a. General Liability: Comprehensive General or commercial Form minimum \$1,000,000 (one million dollars)
  - i. Each Occurrence
  - ii. Products and Incomplete Operations
  - iii. Personal and Advertising Injury
  - iv. General Aggregate

If such insurance is written on a claims-made form, it shall be subject to the City of Woodland approval as to survival of coverage and the retroactive date of placement.

- b. Commercial Automobile Liability: \*\*  
For owned, scheduled, non-owned, or hired automobiles with a combined single limit of no less than \$1,000,00 per occurrence (minimum limits).

\*\* In lieu of Commercial Automobile Liability, a "rider" on Personal Auto Insurance verifying policy coverage in the amount of \$1,000,000 per occurrence (minimum) as well as a statement specifying commercial/business use of the vehicle being insured may be submitted.

- c. Worker's Compensation: As required under California State Law.
- d. Optional Liquor Liability Insurance: In order to serve alcohol without a Type 58 Caterer's Permit, a copy of proof of Liquor Liability coverage, in the amount of \$1,000,000 per occurrence (minimum) must be included.
- e. Such other insurance in such amounts as from time to time may reasonably be required by mutual consent of the City of Woodland and Caterer against such insurable hazards relating to performance.

**Indemnification**

Caterer shall defend, indemnify, and hold the City of Woodland, its officers, employees, and agents harmless from and against any and all liability, loss expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the Caterer's activities on the City of Woodland premises but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Caterer, its officers, agents, or employees.

**Maintaining Current Information**

If Health Permit, License to Serve Alcohol or Insurance Coverage expires during your current Register Caterer year, you are required to send a copy of the new permit, license, or proof of coverage to the City of Woodland Community Services Department. Failure to provide these documents will result in the cancellation of your status as a Registered Caterer and will require new registration fees to continue to be on the Registered Caterer's List.

Please check the following that apply to your business:

- |  |   |
|--|---|
| <input type="checkbox"/> Accepts P.O.      | <input type="checkbox"/> Dinner             |
| <input type="checkbox"/> Can Sell Alcohol  | <input type="checkbox"/> Break Service      |
| <input type="checkbox"/> Can Serve Alcohol | <input type="checkbox"/> Full Service       |
| <input type="checkbox"/> Breakfast         | <input type="checkbox"/> Drop Off Available |
| <input type="checkbox"/> Lunch             | <input type="checkbox"/> Pick Up Available  |

I have read this application. By signing below, I warrant that I understand and agree to comply with the contents of this application. Further, I understand that my registration is valid only if my health permit, alcohol license and insurance coverage remain current. Any violations may cause removal from the City of Woodland Registered Caterers list of approved caterers.

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

Please send or fax the completed application to: City of Woodland Community Services  
Department Recreation Supervisor 2001 East Street Woodland, CA 95776 Phone: 530-661-2000  
Fax: 530-666-7257

For Department Use Only Approved By: \_\_\_\_\_ Date: \_\_\_\_\_