



Jazzoo 2010 Restaurant Response Form

Name of Restaurant/Venue _____

Contact Person _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ Email _____

Menu item(s) (Please be specific) _____

Will you be cooking or prepping (assembling food products) on site? Yes _____ No _____

If so, a screened cooking tent will be required by the Health Dept and furnished by Jazzoo at no charge to you. Will you be bringing a grill to cook on? Yes _____ No _____.

Electrical/Mechanical Requirements: _____

Please fill out electrical form also.

Person in charge of electrical requirements & phone number

Ice requirements: Number of 40 lb. bags needed _____ (Will be pre-ordered)

Please indicate the supplies you will need (napkins will be furnished automatically):

Plates _____ Bowls _____ Coffee Cups _____ 5 oz sample cups _____

Forks _____ Knives _____ Spoons _____

Name of insurance agent and phone number _____

Please indicate the dollar amount of liability coverage \$ _____

(Minimum Requirement \$1,000,000) Insurance Company: _____

This form and a copy of your certificate of insurance must be on file with Jazzoo prior to the mandatory Kansas City Health Department meeting in April. Additional insured as: Jazzoo 10, c/o FOTZ, 6800 Zoo Drive, Kansas City, MO 64132. Please fax to your Restaurant Committee person listed below.

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