

# angelfood

MINISTRIES

## HOST SITE APPLICATION

\*Church/Organization Name WARRENTON MOUNTAINTOP

\*Street Address 505 HIGHLAND TOWN LANE Mailing Address \_\_\_\_\_

\*City WARRENTON State VA Zip 20186 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Phone 540 ) 280-3921 Fax \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

\*Host Site Director JONATTHAN BUTLER \*Pastor JONATHAN BUTLER

\*Address 505 HIGHLAND TOWNE LANE \*Address 505 HIGHLAND TOWN LANE

\*City WARRENTON State VA Zip 20186 \*City WARRENTON State VA Zip 20186

\*Daytime Phone 540 ) 280-3921 \*Daytime Phone 540 ) 280-3921

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: 8-25-2008 Requested Start Date: \_\_\_\_\_ \*Referred By: David and Dawn Mills

**\*\*\*Your application must be accompanied by the W9 form and 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 \_\_\_\_\_ Family \_\_\_\_\_  
Race: (Mark one or more) White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Please indicate the predominate racial makeup or your organization \_\_\_\_\_

I understand that my application is subject to approval by Angel Food Ministries and that the application process may take up to 10 to 12 weeks. 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  
USDA, Director, Office of Civil Rights, Washington, DC 20250-9410