

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) 421683583 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 8-25-2008

*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

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Christ Chapel Mountaintop	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) P.O. Box 479	Requester's name and address (optional)
	City, state, and ZIP code Haymarket, VA 20168	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
42	1683583

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ 8-25-2008
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,