



GARDEN CAFÉ OPERATIONS PROPOSAL FORM

COMPANY INFORMATION

Company Name: _____

Company Address: _____

Company Phone: _____ Company E-mail: _____

Contact Person: _____

Signature: _____ Date: _____

PROPOSAL INFORMATION

We (company noted above) agree to provide the required food and beverage services to Mill Creek MetroParks along with the following proposed payment/rent.

Monthly Rent: _____

Monthly Percentage of Sales: _____

QUALIFICATIONS

Years of Café or restaurant ownership or management: _____

Equipment List: _____

IMPORTANT: A W-9, proof of insurance and worker's compensation insurance must be provided with the submission this document.