

# IFM Value Added Product Registration List

Institutional Food Market Coalition: [www.ifmwi.org/](http://www.ifmwi.org/)

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

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Delivery? Yes No Refrigerated? Yes No

Days of the week: M T TH F All Time of Day: \_\_\_\_\_

Lead time for orders: 1 day 1 week Other: \_\_\_\_\_

Liability insurance information available by request: Yes No

## Product List

Product Type	Quantity Available	Price per Unit
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Indicate: Weekly or Monthly

_ 1/4 lb Angus Burger _____	850 Weekly _____	\$0.65 _____
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_ 1/2 Gallon Organic Whole Milk _____	2000 Monthly _____	\$2.10 _____
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\_\_\_\_\_ the above is sample pricing does not reflect actual sales prices \_\_\_\_\_

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Please return this form to Olivia Parry, with a check made payable to Dane County for \$50.00. ATTN: Dane County Planning and Development Department, 210 Martin Luther King, Jr. Blvd, room #362, Madison, WI 53707. For questions call 608-266-4270.

*By signing this form, I acknowledge that the food products from the above mentioned business follow USDA guidelines for food safety, and are processed in a commercially licensed kitchen or facility. I agree to register my business on the Institutional Food Market Coalition website, and supply IFM with aggregate sales information derived through IFM for two years (once a year) so that they can track the demand for local foods and report their findings to DATCP, and others:*

Signed, \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

