

# Vendor's Offer

**"Return this Section with your Response"**

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Company Name: <u>Arizona Catering, Inc.</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>1716 West Main Street</u>	
City, State, Zip: <u>Mesa AZ 85201</u>	
Contact Person: <u>Jeannia Smith</u>	Phone Number: <u>480-898-8848</u>
E-mail Address: <u>jeannia@arizonacatering.com</u>	Cell Number: <u>480-709-6532</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>Arizona Catering</u>	
Company Payment Remit To Address :	
Street Address: <u>1716 West Main Street</u>	
City, State, Zip: <u>Mesa AZ 85201</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____	
<u>Payment Options</u>	
Will your company accept the City's Master Card for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## THIS PROPOSAL IS OFFERED BY

### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

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<u>Jeannia Smith</u>	<u>12-15-15</u>
Signature of Authorized Offeror	Date
<u>Jeannia Smith</u>	<u>Vice President of Marketing</u>
Print or Type Name of Authorized Individual	Title of Authorized Individual

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Company Name:	<u>What's the Occasion? Catering, Inc. dba fabulous food</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>120 S. 26th Street</u>		
City, State, Zip:	<u>Phoenix Az 85034</u>		
Contact Person:	<u>Chantal Hause</u>	Phone Number:	<u>602-267-1818</u>
E-mail Address:	<u>Chause@fabulousfoodaz.com</u>	Cell Number:	<u>602-501-0540</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Fabulous Food Fine Catering and Events</u>		
Company Payment Remit To Address :			
Street Address:	<u>120 S. 26th Street</u>		
City, State, Zip:	<u>Phoenix, Az 85034</u>		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	_____		
<u>Payment Options</u>			
Will your company accept the City's Master Card for payment?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>

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<u>Chantal Hause</u>	<u>11/23/15</u>
Signature of Authorized Offeror	Date
<u>Chantal Hause</u>	<u>Secretary / Treasurer</u>
Print or Type Name of Authorized Individual	Title of Authorized Individual

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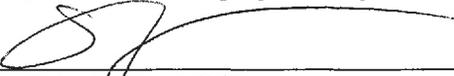
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Company Name:	<u>Atlanta Catering Service, Inc</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>428 E. Thunderbird Road PMB 146</u>		
City, State, Zip:	<u>Phx, AZ 85022</u>		
Contact Person:	<u>Steve Short</u>	Phone Number:	<u>602-242-8185</u>
E-mail Address:	<u>steve@atlatacatering.com</u>	Cell Number:	<u>602-721-9557</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Atlanta Catering</u>		
Company Payment Remit To Address :			
Street Address:	<u>same as above</u>		
City, State, Zip:			
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>71979</u>		
<u>Payment Options</u>			
Will your company accept the City's Master Card for payment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

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	<u>12.15.15</u>
Signature of Authorized Offeror	Date
<u>Steven L. Short</u>	<u>President/CEO</u>
Print or Type Name of Authorized Individual	Title of Authorized Individual

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Company Name:	<u>Santa Barbara Catering Company</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>1090 W. 5<sup>th</sup> Street</u>		
City, State, Zip:	<u>Tempe</u>	<u>AZ</u>	<u>85281</u>
Contact Person:	<u>Patricia Christofolo</u>	Phone Number:	<u>480/921-3150</u>
E-mail Address:	<u>pate@sbcc.com</u>	Cell Number:	<u>602/430-0760</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Santa Barbara Catering Company</u>		
Company Payment Remit To Address :			
Street Address:	<u>1090 W 5<sup>th</sup> Street</u>		
City, State, Zip:	<u>Tempe</u>	<u>AZ</u>	<u>85281</u>
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>43563</u>		
<u>Payment Options</u>			
Will your company accept the City's Master Card for payment?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>

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Patricia Christofolo  
Signature of Authorized Offeror

11.30.15  
Date

Patricia Christofolo  
Print or Type Name of Authorized Individual

President  
Title of Authorized Individual

## Vendor's Offer

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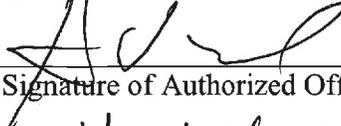
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Company Name:	<u>Heidis Events &amp; Catering</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>2095 W. 15<sup>th</sup> St</u>		
City, State, Zip:	<u>Tempe, AZ 85281</u>		
Contact Person:	<u>Heidi Vail</u>	Phone Number:	<u>480-491-5254</u>
E-mail Address:	<u>Heidi@HeidisEvents.com</u>	Cell Number:	<u>480-734-0701</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Heidi's Events &amp; Catering, Inc.</u>		
Company Payment Remit To Address :			
Street Address:	<u>2095 W. 15<sup>th</sup> St</u>		
City, State, Zip:	<u>Tempe, AZ 85281</u>		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>90-0825020</u>		
<u>Payment Options</u>			
Will your company accept the City's Master Card for payment?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

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 Signature of Authorized Offeror	<u>12.15.15</u> Date
<u>Heidi Vail</u> Print or Type Name of Authorized Individual	<u>C.E.O.</u> Title of Authorized Individual

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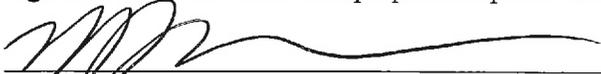
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Company Name: <u>The Herb Box Catering + Events</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>7051 E. 5<sup>th</sup> Ave., Suite W</u>	
City, State, Zip: <u>Scottsdale, AZ 85251</u>	
Contact Person: <u>Michael S. Mazocco</u>	Phone Number: <u>480.289.6166</u>
E-mail Address: <u>MichaelM@herbboxcatering.com</u>	Cell Number: <u>480.292.4859</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>The Herb Box Catering Company</u>	
Company Payment Remit To Address :	
Street Address: <u>7051 E. 5<sup>th</sup> Ave., Suite W</u>	
City, State, Zip: <u>Scottsdale, AZ 85251</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____	
<u>Payment Options</u>	
Will your company accept the City's Master Card for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 12.16.15  
Signature of Authorized Offeror Date

Michael S. Mazocco President  
Print or Type Name of Authorized Individual Title of Authorized Individual

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Company Name: <u>Mark Vanek dba Dancing Chef Catering</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>109 E. Vista Del Cerro</u>	
City, State, Zip: <u>Tempe, AZ 85281</u>	
Contact Person: <u>Mark Vanek</u>	Phone Number: <u>480.276.4341</u>
E-mail Address: <u>thedancingchef@me.com</u>	Cell Number: <u>480.276.4341</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>Dancing Chef Catering</u>	
Company Payment Remit To Address :	
Street Address: <u>109 E. Vista Del Cerro</u>	
City, State, Zip: <u>Tempe, AZ 85281</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>124399</u>	
<u>Payment Options</u>	
Will your company accept the City’s Master Card for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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<p><u>X Mark Vanek</u> Signature of Authorized Offeror</p>	<p><u>December 16, 2015</u> Date</p>
<p><u>Mark Vanek</u> Print or Type Name of Authorized Individual</p>	<p><u>Owner/Operator</u> Title of Authorized Individual</p>

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Company Name: <u>The Dhaba</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>1874 E Apache Blvd</u>	
City, State, Zip: <u>Tempe, AZ 85281</u>	
Contact Person: <u>Raveen Arora</u>	Phone Number: <u>(480) 557-8800</u>
E-mail Address: <u>raveen@the-dhaba.com</u>	Cell Number: <u>(480) 446-2824</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>The Dhaba</u>	
Company Payment Remit To Address :	
Street Address: <u>1874 E Apache Blvd</u>	
City, State, Zip: <u>Tempe, AZ 85281</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>122962</u>	
<u>Payment Options</u>	
Will your company accept the City's Master Card for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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[Signature]  
Signature of Authorized Offeror

RAVEEN ARORA  
Print or Type Name of Authorized Individual

11/16/15  
Date

President  
Title of Authorized Individual