

# Vendor's Offer

"Return this Section with your Response"

Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name: ROCK STAR HOTDOGS BY RALPH'S SNACK BAR, INC.

Company Purchase Order Mailing Address:

Street Address: 4501 W. VAN BUREN ST.

City, State, Zip: PHOENIX, AZ 85043

Contact Person: KIM COLELLA Phone Number: 602-269-7707

E-mail Address: INFO@ROCKSTARHOTDOGS.COM Cell Number: 502-688-8522

Remit To Information

Company Name (as it appears on invoice): ROCK STAR HOTDOGS

Company Payment Remit To Address :

Street Address: 4501 W. VAN BUREN ST.

City, State, Zip: PHOENIX, AZ 85043

Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: \_\_\_\_\_

Payment Options

Will your company accept the City's Master Card for payment? Yes  No   
Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes  No

## THIS PROPOSAL IS OFFERED BY

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

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

Kimberly Colella  
Signature of Authorized Offeror

5.26.16  
Date

KIMBERLY COLELLA  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

VP OF OPERATIONS  
Title of Authorized Individual

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Company Name: <u>BURGERS AMORE BY RALPH'S SNACK BAR, INC</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>4501 W. VAN BUREN ST.</u>	
City, State, Zip: <u>PHOENIX, AZ 85043</u>	
Contact Person: <u>GREG COLELLA</u>	Phone Number: <u>602-269-7707</u>
E-mail Address: <u>GREG@BURGERSAMORE.COM</u>	Cell Number: <u>602-688-8521</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>BURGERS AMORE</u>	
Company Payment Remit To Address :	
Street Address: <u>4501 W. VAN BUREN ST.</u>	
City, State, Zip: <u>PHOENIX, AZ 85043</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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Kimberly Colella  
Signature of Authorized Offeror

5.26.16  
Date

KIMBERLY COLELLA  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

VP of OPERATIONS  
Title of Authorized Individual

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Company Name: CHEESE, LOVE & HAPPINESS

Company Purchase Order Mailing Address:

Street Address: 4501 W. VAN BUREN ST.

City, State, Zip: PHOENIX, AZ 85034

Contact Person: KIMBERLY COLELLA Phone Number: 602.269.7707

E-mail Address: INFO@CHEESELOVEHAPPINESS.COM Cell Number: 602.688.8522

### Remit To Information

Company Name (as it appears on invoice): CHEESE, LOVE & HAPPINESS

Company Payment Remit To Address :

Street Address: 4501 W. VAN BUREN ST.

City, State, Zip: PHOENIX, AZ 85043

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: \_\_\_\_\_

### Payment Options

Will your company accept the City's Master Card for payment? Yes  No

Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes  No

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Kimberly Colella  
Signature of Authorized Offeror

5.26.16  
Date

KIMBERLY COLELLA  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

VP OF OPERATIONS  
Title of Authorized Individual

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Company Name: <u>QUESO GOOD BY RALPH'S SNACK BAR, INC.</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>4501 W. VAN BUREN ST.</u>	
City, State, Zip: <u>PHOENIX, AZ 85043</u>	
Contact Person: <u>KIMBERLY COLELLA</u>	Phone Number: <u>602-269-7707</u>
E-mail Address: <u>INFO@QUESOGOOD.COM</u>	Cell Number: <u>602-688-8522</u>
<b>Remit To Information</b>	
Company Name (as it appears on invoice): <u>QUESO GOOD</u>	
Company Payment Remit To Address :	
Street Address: <u>4501 W. VAN BUREN ST.</u>	
City, State, Zip: <u>PHOENIX, AZ 85043</u>	
<b>Company Tax Information</b>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____	
<b>Payment Options</b>	
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"/>

## THIS PROPOSAL IS OFFERED BY

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Company Name: STEEL CITY PIEROGI LLC

Company Purchase Order Mailing Address:

Street Address: 10239 E KIVA AVE

City, State, Zip: MESA AZ 85209

Contact Person: JOHN SMITH Phone Number: 480 225-2339

E-mail Address: scptruck@gmail.com Cell Number: 480 225-2339

### Remit To Information

Company Name (as it appears on invoice): STEEL CITY PIEROGI

Company Payment Remit To Address :

Street Address: 10239 E KIVA AVE

City, State, Zip: MESA AZ 85209

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: 214 869 0516

### Payment Options

Will your company accept the City's Master Card for payment?

Yes  No

Will your company accept Payment via ACH (Automated Clearing House) for payment?

Yes  No

## THIS PROPOSAL IS OFFERED BY

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

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

John R Smith  
Signature of Authorized Offeror

5/30/16  
Date

John R SMITH  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

Owner  
Title of Authorized Individual

# Vendor's Offer

"Return this Section with your Response"

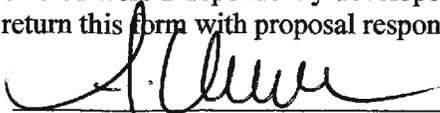
Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name:	<u>Udder Delights LLC</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>1385 E. Warner Rd. Suite #103</u>		
City, State, Zip:	<u>Gilbert, AZ 85296</u>		
Contact Person:	<u>Casey Stechnij &amp; Julia Martinez</u>	Phone Number:	<u>602-432-5600 – Casey cell</u>
	<u>Casey - Casey@superstitionfarm.com</u>		
E-mail Address:	<u>Julia - Julia@azfestivals.com</u>	Cell Number:	<u>480-729-3214 – Julia cell</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Udder Delights</u>		
Company Payment Remit To Address :			
Street Address:	<u>1385 E. Warner Rd., Suite #103</u>		
City, State, Zip:	<u>Gilbert, AZ 85296</u>		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>Not Tempe based, but we do carry Tempe TPT Lic #214360</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 of Authorized Offeror

Date

5/11/14

Angie Clark

Comptroller

Print or Type Name of Authorized Individual

Title of Authorized Individual

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Company Name:	Waffle Crush LLC		
Company Purchase Order Mailing Address:			
Street Address:	22647 S 220 <sup>th</sup> St		
City, State, Zip:	Queen Creek AZ 85142		
Contact Person:	Erica Brenay	Phone Number:	
E-mail Address:	mywafflecrush@gmail.com	Cell Number:	913-951-9697
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	Waffle Crush LLC		
Company Payment Remit To Address :			
Street Address:	22647 S 220 <sup>th</sup> St		
City, State, Zip:	Queen Creek AZ 85142		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	208346		
<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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### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

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 Signature of Authorized Offeror	4/21/2016 Date
Erica Brenay Print or Type Name of Authorized Individual Form 201-B (RFP)	Co-owner Title of Authorized Individual

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Company Name:	<u>TASTY TANGERINE</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>1417 E. TOPEKA DR.</u>		
City, State, Zip:	<u>PHOENIX, AZ. 85024</u>		
Contact Person:	<u>Ashley Hoekstra</u>	Phone Number:	
E-mail Address:	<u>TheTASTYTANGERINE@gmail.com</u>	Cell Number:	<u>(602) 802-7854</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>TASTY TANGERINE</u>		
Company Payment Remit To Address :			
Street Address:	<u>1417 E. TOPEKA DR.</u>		
City, State, Zip:	<u>PHOENIX, AZ 85024</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"/>

## THIS PROPOSAL IS OFFERED BY

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<u>Ashley Hoekstra</u>	<u>4/19/16</u>
Signature of Authorized Offeror	Date
<u>Ashley Hoekstra</u>	<u>OWNER</u>
Print or Type Name of Authorized Individual	Title of Authorized Individual

Form 201-B (RFP)

Original

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Company Name: Wandering Donkey, LLC

Company Purchase Order Mailing Address:

Street Address: 4832 E. Crimson Terrace

City, State, Zip: Cave Creek, Az 85331

Contact Person: Beth Smith Phone Number: 480.414.1212

E-mail Address: info@wanderingdonkey.com Cell Number: 480.213.4764

Remit To Information

Company Name (as it appears on invoice): Wandering Donkey, LLC

Company Payment Remit To Address :

Street Address: Same

City, State, Zip: \_\_\_\_\_

Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: 214647

Payment Options

Will your company accept the City's Master Card for payment? Yes  No

Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes  No

### THIS PROPOSAL IS OFFERED BY

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

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[Signature] \_\_\_\_\_ Date 4/18/16

Signature of Authorized Offeror

BETH SMITH \_\_\_\_\_ Title of Authorized Individual Owner

Print or Type Name of Authorized Individual

Form 201-B (RFP)

Original

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Company Name: Grilled Addiction, LLC

Company Purchase Order Mailing Address:

Street Address: 4832 E. Crimson Terrace

City, State, Zip: Cave Creek, AZ 85331

Contact Person: Beth Smith Phone Number: 480.414.1212

E-mail Address: info@grilledaddiction.com Cell Number: 480.213.4764

Remit To Information

Company Name (as it appears on invoice): Grilled Addiction, LLC

Company Payment Remit To Address :

Street Address: same

City, State, Zip: \_\_\_\_\_

Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: 209435

Payment Options

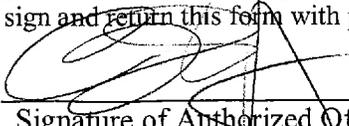
Will your company accept the City's Master Card for payment? Yes  No

Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes  No

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\_\_\_\_\_  
Signature of Authorized Offeror

4.18.16  
\_\_\_\_\_  
Date

BETH SMITH  
\_\_\_\_\_  
Print or Type Name of Authorized Individual

owner  
\_\_\_\_\_  
Title of Authorized Individual

# Vendor's Offer

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Company Name: <u>Cactus Corn</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>5116 N 86th Pl</u>	
City, State, Zip: <u>Scottsdale AZ 85250</u>	
Contact Person: <u>Chris Levandowski</u>	Phone Number: <u>602-561-7498</u>
E-mail Address: <u>Chris@CactusCorn.com</u>	Cell Number: <u>602 561-7498</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice): <u>Cactus Corn</u>	
Company Payment Remit To Address :	
Street Address: <u>5116 N 86th Pl</u>	
City, State, Zip: <u>Scottsdale AZ 85250</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>214635</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"/>

## THIS PROPOSAL IS OFFERED BY

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

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Chris Levandowski  
Signature of Authorized Offeror

4/25/16  
Date

Chris Levandowski  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

Owner  
Title of Authorized Individual

# Vendor's Offer

"Return this Section with your Response"

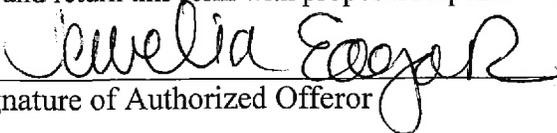
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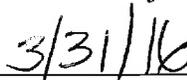
Company Name:	Tia Rosa's Food Truck Company, LLC		
Company Purchase Order Mailing Address:			
Street Address:	3897 E. Marlene Dr.		
City, State, Zip:	Gilbert, AZ 85296		
Contact Person:	Jewelita Eagar	Phone Number:	480-213-2108
E-mail Address:	tiastacotruck@gmail.com	Cell Number:	480-213-2108
<b>Remit To Information</b>			
Company Name (as it appears on invoice):	Tia Rosa's Food Truck		
Company Payment Remit To Address :			
Street Address:	3897 E. Marlene Dr.		
City, State, Zip:	Gilbert, AZ 85296		
<b>Company Tax Information</b>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	n/a		
<b>Payment Options</b>			
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"/>

## THIS PROPOSAL IS OFFERED BY

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Signature of Authorized Offeror

  
Date 3/31/16

Jewelita Eagar  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

owner  
Title of Authorized Individual

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Company Name:	<u>DEMARCO'S ITALIAN ICE + CREAMS</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>6929 N HAYDEN Rd STE C4</u>		
City, State, Zip:	<u>Scottsdale, AZ 85250</u>		
Contact Person:	<u>Joseph DEMARCO</u>	Phone Number:	<u>(480) 404-6376</u>
E-mail Address:	<u>Joe.DEMARCO26@GMAIL.COM</u>	Cell Number:	<u>(480) 797-1179</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>DEMARCO'S ITALIAN ICE + CREAMS</u>		
Company Payment Remit To Address :			
Street Address:	<u>6929 N HAYDEN Rd STE C4</u>		
City, State, Zip:	<u>Scottsdale, AZ 85250</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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Joseph C Demarco  
Signature of Authorized Offeror

4.6.16  
Date

Joseph C DEMARCO  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

FOUNDER  
Title of Authorized Individual

# Vendor's Offer

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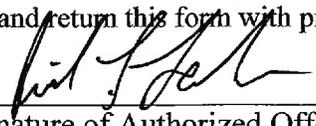
Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name:	FILAM ENTERPRISES LLC (DBA: KONA ICE OF TEMPE & CENTRAL PHOENIX)		
Company Purchase Order Mailing Address:			
Street Address:	1155 W GROVE PKWY APT 130		
City, State, Zip:	TEMPE, AZ 85283		
Contact Person:	RICHARD LOHNER	Phone Number:	602-321-7545
E-mail Address:	FILAMKONA@GMAIL.COM	Cell Number:	206-683-0489
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	KONA ICE OF TEMPE & CENTRAL PHOENIX		
Company Payment Remit To Address :			
Street Address:	1155 W GROVE PKWY APT 130		
City, State, Zip:	TEMPE, AZ 85283		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	210965		
<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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### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

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 Signature of Authorized Offeror	4-12-2016 Date
RICHARD LOHNER Print or Type Name of Authorized Individual Form 201-B (RFP)	OWNER Title of Authorized Individual

# Vendor's Offer

"Return this Section with your Response"

Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name:	<u>Coffee Run</u>		
Company Purchase Order Mailing Address:			
Street Address:	<u>925 W. Iris Dr.</u>		
City, State, Zip:	<u>Gilbert</u>	<u>Az</u>	<u>85233</u>
Contact Person:	<u>Ane Gavazzi</u>	Phone Number:	<u>480-434-8433</u>
E-mail Address:	<u>coffee.run.az@gmail.com</u>	Cell Number:	<u>602-571-0851</u>
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	<u>Coffee Run</u>		
Company Payment Remit To Address :			
Street Address:	<u>925 W. Iris Dr</u>		
City, State, Zip:	<u>Gilbert</u>	<u>Az</u>	<u>85233</u>
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	<u>213081</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 checked="" type="checkbox"/>

## THIS PROPOSAL IS OFFERED BY

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

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

Ane Gavazzi  
Signature of Authorized Offeror

4/18/16  
Date

Ane Gavazzi  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

Owner  
Title of Authorized Individual

# Vendor's Offer

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

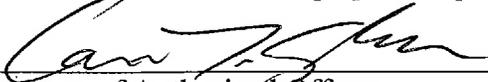
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Company Name:	Bramtin, LLC – DBA "Affogato Truck"		
Company Purchase Order Mailing Address:			
Street Address:	P. O. Box 1365		
City, State, Zip:	Tempe, AZ 85280		
Contact Person:	Cameron Shangle	Phone Number:	602-330-6410
E-mail Address:	AffogatoTruck@gmail.com	Cell Number:	602-330-6410
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	Affogato Truck		
Company Payment Remit To Address :			
Street Address:	P.O. Box 1365		
City, State, Zip:	Tempe, AZ 85280		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	213874		
<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"/>

## THIS PROPOSAL IS OFFERED BY

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 Signature of Authorized Offeror	3/29/16 Date
Cameron T. Shangle Print or Type Name of Authorized Individual Form 201-B (RFP)	Co-Owner Title of Authorized Individual

# Vendor's Offer

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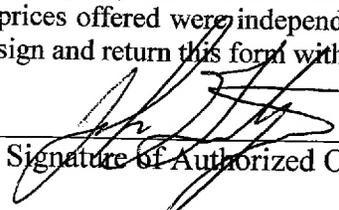
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Company Name:	Kick's Frozen Yogurt		
Company Purchase Order Mailing Address:			
Street Address:	3141 S McClintock		
City, State, Zip:	Tempe, AZ 85282		
Contact Person:	John Gustafson	Phone Number:	480-491-5425
E-mail Address:	kicksfrozenyogurt@gmail.com	Cell Number:	503-307-6423
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	Kick's Frozen Yogurt		
Company Payment Remit To Address :			
Street Address:	3141 S McClintock		
City, State, Zip:	Tempe, AZ 85282		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	206317		
<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

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Signature of Authorized Offeror

2/17/16  
Date

John Gustafson

Owner - Operator

Print or Type Name of Authorized Individual

Title of Authorized Individual

Form 201-B (RFP)

# Vendor's Offer

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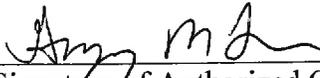
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Company Name:	TIKIZ SHAVED ICE & ICE CREAM		
Company Purchase Order Mailing Address:			
Street Address:	819 N. COLLEGE AVE UNIT F103		
City, State, Zip:	TEMPE, AZ 85281		
Contact Person:	GREGORY LARSON	Phone Number:	480-371-0468
E-mail Address:	GREGORY@TIKIZAZ.COM	Cell Number:	480-371-0468
<u>Remit To Information</u>			
Company Name (as it appears on invoice):	TIKIZ SHAVED ICE & ICE CREAM		
Company Payment Remit To Address :			
Street Address:	819 N. COLLEGE AVE UNIT F103		
City, State, Zip:	TEMPE, AZ 85281		
<u>Company Tax Information</u>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	211443		
<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"/>

## THIS PROPOSAL IS OFFERED BY

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

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	11 APR 16
Signature of Authorized Offeror	Date
GREGORY M. LARSON	OWNER
Print or Type Name of Authorized Individual	Title of Authorized Individual
Form 201-B (RFP)	

# Vendor's Offer

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Company Name: FITZ PHOENIX SIX LLC dba GRANDMA'S NAVAJO FRYBREAD

Company Purchase Order Mailing Address:

Street Address: 6245 N 23rd Ave

City, State, Zip: Phoenix, AZ 85015

Contact Person: VERNA BEGAY Phone Number: 602-616-7954

E-mail Address: VERNABEGAY53@gmail.com Cell Number: 602-616-7954

### Remit To Information

Company Name (as it appears on invoice): GRANDMA'S NAVAJO FRYBREAD

Company Payment Remit To Address :

Street Address: 6245 N 23rd Ave

City, State, Zip: Phoenix, AZ 85015

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:

*WE ARE NOT TEMPE BASED BUT  
HAVE PRIVILEGE TAX NUMBER  
212729*

### Payment Options

Will your company accept the City's Master Card for payment?

Yes  No

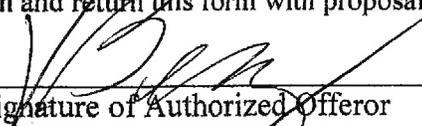
Will your company accept Payment via ACH (Automated Clearing House) for payment?

Yes  No

## THIS PROPOSAL IS OFFERED BY

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

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Signature of Authorized Offeror

04/18/2016  
Date

VERNA BEGAY  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

CEO  
Title of Authorized Individual

# Vendor's Offer

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Company Name: Po' Boyz BBQ

Company Purchase Order Mailing Address:

Street Address: 3317 S. Higley Rd 114-223

City, State, Zip: Gilbert, AZ 85297

Contact Person: Allen Martin Phone Number: 480-788-2470

E-mail Address: info@poboyzbbq.com Cell Number: 480-242-7364

### Remit To Information

Company Name (as it appears on invoice): \_\_\_\_\_

Company Payment Remit To Address :

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: \_\_\_\_\_

### Payment Options

Will your company accept the City's Master Card for payment?

Yes  No

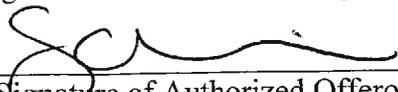
Will your company accept Payment via ACH (Automated Clearing House) for payment?

Yes  No

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

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Signature of Authorized Offeror

5-3-16  
Date

Allen Martin  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

owner/operator  
Title of Authorized Individual

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Company Name: <u>PAZ CANTINA</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>1017 N CENTRAL AVE STE 2</u>	
City, State, Zip: <u>PHOENIX AZ 85004</u>	
Contact Person: <u>MICHAEL REYES</u>	Phone Number: <u>602-291-3599</u>
E-mail Address: <u>Michaelreyes360@gmail.com</u>	Cell Number: <u>602-291-3599</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice):	<u>FNB ON 3RD</u>
Company Payment Remit To Address :	
Street Address: <u>1017 N CENTRAL AVE STE 2</u>	
City, State, Zip: <u>PHOENIX AZ 85004</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"/>

### THIS PROPOSAL IS OFFERED BY

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

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<u>Michael Reyes</u> Signature of Authorized Offeror	<u>April 18, 2016</u> Date
MICHAEL REYES Print or Type Name of Authorized Individual <small>Form 201-B (RFP)</small>	<u>OWNER/CHEF</u> Title of Authorized Individual

# Vendor's Offer

**“Return this Section with your Response”**

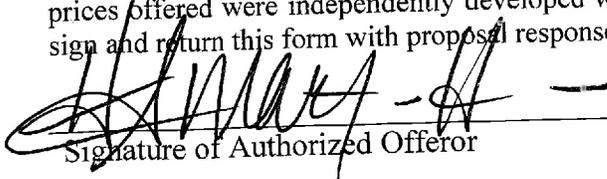
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Company Name:	H&L, LLC		
Company Purchase Order Mailing Address:			
Street Address:	3401 S 103 <sup>RD</sup> DRIVE		
City, State, Zip:	TOLLESON, AZ 85353		
Contact Person:	HOLLY MARTZ-HORNER	Phone Number:	602-524-5529
E-mail Address:	LIVINLITEAZ@GMAIL.COM	Cell Number:	602-524-5529
<b>Remit To Information</b>			
Company Name (as it appears on invoice):	H&L, LLC D/B/A LIVIN' LITE AZ		
Company Payment Remit To Address :			
Street Address:	3401 S 103 <sup>RD</sup> DRIVE		
City, State, Zip:	TOLLESON, AZ 85353		
<b>Company Tax Information</b>			
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:	213349		
<b>Payment Options</b>			
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"/>

## THIS PROPOSAL IS OFFERED BY

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 \_\_\_\_\_  
 Signature of Authorized Offeror

4.21.16  
 \_\_\_\_\_  
 Date

HOLLY S. MARTZ-HORNER  
 \_\_\_\_\_  
 Print or Type Name of Authorized Individual  
 Form 201-B (RFP)

MEMBER  
 \_\_\_\_\_  
 Title of Authorized Individual

# Vendor's Offer

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Company Name: Desert Snow

Company Purchase Order Mailing Address:

Street Address: 2122 W Lone Cactus Dr. Suite 116

City, State, Zip: Phoenix, AZ 85027

Contact Person: Lauren Kautman Phone Number: 623.810.3287

E-mail Address: info@desertsnowshare.com Cell Number: \_\_\_\_\_

### Remit To Information

Company Name (as it appears on invoice): Desert Snow

Company Payment Remit To Address :

Street Address: 2122 W Lone Cactus Dr. Suite 116

City, State, Zip: Phoenix, AZ 85027

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: 212234

### Payment Options

Will your company accept the City's Master Card for payment? Yes  No   
Will your company accept Payment via ACH (Automated Clearing House) for payment? Yes  No

## THIS PROPOSAL IS OFFERED BY

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

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that the services offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

Lauren Kautman  
Signature of Authorized Offeror

4/25/16  
Date

Lauren Kautman  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

Vice President  
Title of Authorized Individual