

Lexington-Fayette Urban County Government
Request for Quotations

Request for Quotations #Q22-2011

Date of Issue: 11/11/2011

Sealed quotations will be received in the office of the Division of Central Purchasing, 200 East Main Street, Lexington, Kentucky, until 2:00 PM, prevailing local time on 11/28/2011. Quotations must be received by the above-mentioned date and time. All quotations must show the company name and address, Quotation Number and commodity/service on the outside of the envelope. Quotes may be mailed to:

*Director, Division of Central Purchasing
200 East Main Street, Room 338 #Q22-2011, Food Services for Family Care Center
Lexington, KY 40507*

Quotations are to include all shipping costs to the point of delivery located at:
1135 Red Mile Place, Lexington, Kentucky, 40504

Item Description
See attached specifications and pricing

Bid Specifications met? YES NO (*If no, Vendor must attach alternate Specifications Sheet*)

Procurement Card Usage	
<input checked="" type="checkbox"/> Yes	The Lexington-Fayette Urban County Government will be using Procurement Cards to purchase goods and services and also to make payments. Will you accept Procurement Cards?
<input type="checkbox"/> No	

This quotation is subject to attached specifications, terms and conditions and is valid for a period of thirty (30) days from the opening date. Signature of this quotation signifies acceptance of terms and conditions.

We, the undersigned, hereby propose to furnish the goods and/or services listed above to the Lexington-Fayette Urban County Government in accordance with the terms and conditions shown herein.

Submitted by:

Mtani Catering L.L.C.
Firm

468 Squires Rd
Address

Lexington, Kentucky 40505
City, State & Zip

James M. Baker Jr.
Representative's Name (Typed or printed)

859-396-0071
Area Code - Phone - Extension Fax #

MtaniCatering@gmail.com
E-Mail Address

**Certificate of Independent
Price Determination**

- (a) By submission of this quote, the bidder certifies, and in the case of a joint quote, each party thereto certifies, as to its own organizations, that in connection with this procurement:
- (1) The prices in this quote have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (a)(2) Unless otherwise required by law, the prices which have been quoted in this quote have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to quote opening, directly or indirectly to any other bidder or to any competitor; and
- (a)(3) No attempt has been made or will be made by the bidder to induce any person or firm to submit or not to submit, a quote for the purpose of restricting competition.
- (b) Each person signing this quote certifies that:
- (b)(1) He is the person in the bidder's organization responsible within that organization for the decision as to the prices being offered herein and that he has not participated, will not participate, in any action contrary to (a)(1) through (a)(3) above; or
- (b)(2)(1) He is not the person in the bidder's organization responsible within that organization for the decision as to the prices being offered herein but that he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated and will not participate, in any action contrary to (a)(1) through (a)(3) above, and as their agent does hereby so certify:
- (b)(2)(1) and he has not participated, and will not participate, in any action contrary to (a)(1) through (a)(3) above.



Signature of food service management company's authorized representative

Title

Owner

Date

11-26-2011

In accepting this quote, the institution certifies that the institution's officers, employees or agents have not taken any action which may have jeopardized the independence of the quote referred to above.

Signature of Authorized Institution Representative










(Accepting a quote does not constitute acceptance of the contract)

Note: Institution and Bidder shall execute this Certificate of Independent Price Determination.

UNIT PRICE SCHEDULE A	B	C	D	E
(Completed by Institution)	(Completed by Institution)	(Completed by Institution)	(Completed by Contractor)	(Completed by Institution)
Meal Type	Estimated Servings per Day	Estimated Number of Serving Days	Unit Price	Total Price
Breakfast			\$.90	\$
Lunch			\$ 1.20	\$
PM Snack			\$.70	\$

Bid (RFQ/IFB) Response

Mon, Nov 28, 2011
02:25 PM ESTYou may [print](#) this Bid (recommend "landscape" mode).Submission OK, control# 48DF227FEDFB632243723A9DE668223
Confirmed On 11/26/2011 02:30 PM EST**Department** Central Purchasing
200 East Main Street, 3rd
Floor Government Center
Lexington, KY 40507**Request #** [022-2011](#)**Buyer Name** Theresa Maynard
(theresam@lexingtonky.gov)**Buyer Phone #** 859-258-3320**Main Service/Commodity
Category** Array**Request Title** Food Services for Family
Care Center**Due Date** 11/28/2011**Contract (Award) Option:** Firm Bid**Due Time** 02:00 PM EST**Supplier Information:**James Baker
Mtani Catering, LLC
468 Squires Road
Lexington, KY 40515
Phone Number: 859-396-0071
Fax: 859-264-8325**Delivery Date:** None specified.**Alternate Delivery Date** No Alternate Delivery Date provided by firm.
and Explanation:

 Mtani Catering Ins Cert 2012 p1.pdf 4.14 MB	 Mtani Catering Ins Cert 2012 p2.pdf 987.14 KB	 Workers Comp.pdf 14.86 KB
 Mtani business license 2011.pdf 802.33 KB	 Food Permit 2011.pdf 18.44 MB	 UNIT PRICE SCHEDULE A.docx 13.76 KB
 Mtani Catering Family CS bid docs.pdf 1.89 MB	 MBE certificate.pdf 1.25 MB	 Mtani Catering Ins Cert 2012 p3.pdf 1.46 MB

The following proposed cost must include sales and other applicable taxes into the line item price.
All costs proposed are F.O.B. department dock.

Item#	Qty	U/M	Department Stock Code	Unit Price	Extended Price
1		Each			
Specification: Food, or equal.					
	100	Alternate Specification and/or More Information: Breakfast, Lunch and Snacks Supplier SKU:		\$2.80	\$280.00
Grand Total:					\$280.00

Contact

Customer Support: 1-866-526-9266

© Copyright 2011, Digital Economic Technologies LLC

EQUAL OPPORTUNITY AGREEMENT

The Law

Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.

Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.

Section 503 of the Rehabilitation Act of 1973 states:

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.

Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

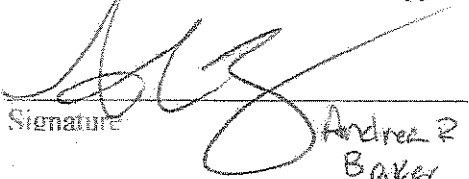
The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.


Signature Andrew R. Baker

Mtani Catering
Name of Business

Tri-State Minority Supplier Development Council



TRI-STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

Mtani Catering, LLC

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc.® (NMSDC®) and as adopted by the Tri-State Minority Supplier Development Council

**NAICS Code(s): 722320

**Description of their product/services as defined by the North American Industry Classification System (NAICS)

02/21/2011

Issued Date

02/21/2012

Expiration Date

KY 1281

Certificate Number

Ty Gentile, President, TSMDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: <http://www.nmsdc.org>.



An affiliate of the National Minority Supplier Development Council, Inc.® (NMSDC®)

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: **ENP 004 63 66**

Named insured is the same as it appears in the Common Policy Declarations

LIMITS OF INSURANCE

Each Occurrence Limit	\$ 1,000,000	
General Aggregate Limit	\$ 2,000,000	
Products-Completed Operations Aggregate Limit	\$ 2,000,000	
Personal & Advertising Injury Limit	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
Damage to Premises Rented to You Limit		ANY ONE PREMISES
Medical Expense Limit	\$	
Medical Expense Limit unless otherwise indicated herein:	\$	ANY ONE PERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE	ADVANCE PREMIUM
		A - Area B - Payroll C - Gross Sales D - Units E - Other	Products / Completed Operations All Other	Products / Completed Operations All Other

11039 C	110,000	.151	2.017	73 MP	222
---------	---------	------	-------	-------	-----

HIRED AND NON-OWNED AUTO					33
--------------------------	--	--	--	--	----

General Liability Coverage Part is subject to an annual minimum premium

TOTAL ANNUAL PREMIUM \$ 328

FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

0001	12/04	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
0002	01/96	DEDUCTIBLE LIABILITY INSURANCE
0003	12/04	HIRED AUTO AND NON-OWNED AUTO LIABILITY

COMMON POLICY DECLARATIONS

Billing Method: DIRECT BILL

POLICY NUMBER ENP 004 63 66

NAMED INSURED MTANI CATERING LLC

3305 PUEBLO CT

ADDRESS

LEXINGTON, KY 40509-8440

(Number & Street,

Town, County,

State & Zip No.)

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: ENP 004 63 66

FROM: 10-25-2011

TO: 10-25-2012

Automobile and / or Garage

Policy number:

FROM:

TO:

Agency J. SMITH LANIER & CO. 16-364

City LEXINGTON, KY

Legal Entity / Business Description

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

SKY1 07/10 NOTICE

IA102A 09/08 SUMMARY OF PREMIUMS CHARGED

IA904 04/04 SCHEDULE OF LOCATIONS

IA4236 01/08 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE

IP446 08/01 NOTICE TO POLICYHOLDERS

IA4122KY 11/09 KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL

IA4238 01/08 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IA4338 05/11 SIGNATURE ENDORSEMENT

IA4340 01/09 DISCLOSURE OF DIRECT BILL CHARGE

IA4376KY 12/09 KENTUCKY TAXES ENDORSEMENT

FM502 07/08 COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

GA532 07/08 COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

09-01-2011 10:28

Countersigned

(Date)

By


Authorized Representative

NOTICE

Your premium for this policy includes a Kentucky state surcharge tax required by KRS 136.392 and a tax which will be remitted to the municipality or county in which you reside. The amount of the tax is shown on your policy.

S-KY-1 (7/10)

IA 509 05 09

ENP 004 63 66

Page 1 of 1

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. The refund will be pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections and Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

- a. Are safe or healthful; or
- b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer of Your Rights and Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

COMMERCIAL PROPERTY COVERAGE PART DECLARATION

Attached to and forming part of POLICY NUMBER: ENP 004 63 66

Named Insured is the same as it appears on the Common Policy Declarations unless otherwise stated here.

Loc. (address)
REFER TO IA904

COVERAGE PROVIDED			OPTIONAL COVERAGES Applicable only when an entry is made							
Item	Coverage	Limits	Coin- surance	Covered Cause Of Loss						
					Inflation Guard (%)	Replace- ment Cost (X)	Replace- ment Cost (X)	Agreed Value (X)	Monthly Limit (fraction)	Business Income Indemnity
1-1	BUSINESS PERSONAL PROPERTY	10,000	90%	SPECIAL				X		

DEDUCTIBLE: \$500.00 unless otherwise stated \$

MORTGAGE HOLDER

Item Name and Address

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

FM101 04/04 BUILDING AND PERSONAL PROPERTY COVERAGE FORM (INCLUDING SPECIAL CAUSES OF LOSS)
FA4042 11/07 PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT
FA450 11/04 COMMERCIAL PROPERTY CONDITIONS

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: **ENP 004 63 66**

Named Insured is the same as it appears in the Common Policy Declarations

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 1,000,000	
GENERAL AGGREGATE LIMIT	\$ 2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT		ANY ONE PREMISES
\$100,000 limit unless otherwise indicated herein:	\$	
MEDICAL EXPENSE LIMIT		
\$5,000 limit unless otherwise indicated herein:	\$	ANY ONE PERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
		A - Area B - Payroll C - Gross Sales D - Units E - Other	Products / Completed Operations	All Other	Products / Completed Operations	All Other
LOC. 1 - KY CATERERS	11039 C	110,000	.151	2.017	73 MP	222
HIRED AND NON-OWNED AUTO						33

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ 328

FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

GA101 12/04 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300 01/96 DEDUCTIBLE LIABILITY INSURANCE
GA207 12/04 HIRED AUTO AND NON-OWNED AUTO LIABILITY

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J Smith Lanier & Co-Lexington Powell-Walton-Milward P O Box 2030 Lexington, KY 40588		CONTACT NAME: PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859-254-8020 E-MAIL ADDRESS:	
INSURED Event Tenders, LLC 2901 Richmond Road, Suite 130 #247 Lexington, KY 40509		INSURER(S) AFFORDING COVERAGE INSURER A : Cincinnati Specialty Underwrite INSURER B : Kentucky Employers Mutual Ins. INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 13037 10320	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CSU0030849	08/25/2011	08/25/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	380131	08/25/2011	08/25/2012	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

JAMES BAKER
MTANI CATERING LLC
3305 PUEBLO CT
LEXINGTON, KY 40509

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

Lexington

Fayette

Urban

County

Government

Division of Revenue

200 East Main Street

Lexington, KY 40507



Customer ID: 0014624300

Location No: 1

Date 6/8/2011

BUSINESS OCCUPATIONAL LICENSE

is issued for the period:

January 1, 2011 through December 31, 2011

MTANI CATERING LLC
3305 PUEBLO COURT

LEXINGTON KY 40509

This license is issued pursuant to Section 13-5 and 13-9, of the Code of Ordinance, Lexington-Fayette Urban County Government (the "Code") and shall not be taken as permission to do business in Fayette County without also having complied with all other requirements of the Code and other local ordinances and regulations. This license is not transferable, and must be renewed annually.

Attached is your permit THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE
Permit # 71366 Issued: 11/25/2010 Expires 12/31/11

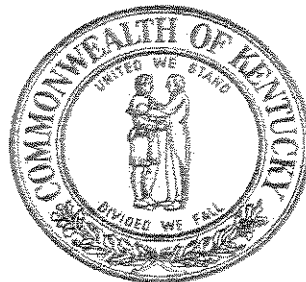
47

MTANI CATERING, LLC
% JAMES BAKER, JR
468 SQUIRES ROAD
LEXINGTON KY 40515

County
FAYETTE

Cabinet for Health and Family Services
COMMONWEALTH OF KENTUCKY

THIS PERMIT MUST BE POSTED
IN A CONSPICUOUS PLACE



PERMIT TO OPERATE

AUTHORIZATION IS HEREBY GRANTED TO OPERATE A FOOD SERVICE ESTABLISHMENT
IN COMPLIANCE WITH KENTUCKY FOOD, DRUG, AND COSMETIC ACT
THIS PERMIT IS NON-TRANSFERABLE AND SHALL EXPIRE ON 12/31/11

Location of Establishment If Different From Mailing Address

MTANI CATERING, LLC
% JAMES BAKER, JR
468 SQUIRES ROAD
LEXINGTON KY 40515

PERMIT #
71366
EXPIRATION DATE
12/31/11

Given under our hands on this date 11/25/2010

Janie Miller

FAYETTE COUNTY

JANIE MILLER / Secretary for Health And Family Services

