

Food Vendor Event Application

Vendor/Business Name

Contact Person

Email Address

Phone Number

Mailing Address

Event Name

Event Date

Event Location

Types of Food/Products to Be Sold

Booth Size/Setup Requirements

Do you require power or water?

Select

List Food Permits/Licenses

Insurance Provider & Policy Number

Special Requests or Comments

Acknowledgement & Signature

I certify that the information provided is true and correct and that I will comply with all event and health department requirements.

Signature

Date
