	FOOD VENDO	R APPLICATION			
FOOD VENDOR CONTACT					
COMPANY NAME					
TELEPHONE		MAILING ADDRESS			
FAX					
EMAIL		WEBSITE			
CONTACT NAME & TITLE		CONTACT EMAIL			
CONTACT PHONE 1		CONTACT PHONE 2			
VENDOR OVERVIEW					
GENERAL DETAILS OF SERVICES / GOODS					
DATES OF PARTICIPATION		APPLICATION FEE			
VALID FOOD SERVICE PERMIT?		ELECTRICAL ACCESS REQUIRED			
OTHER		OTHER			
ADDITIONAL INFO					
PLEASE PROVIDE	A PHOTOGRAPH OF YOUR VENDING SPACE AND /	OR A DIAGRAM OF YOUR VEN	NDING SET-UP. INCLUDE MEASUREMENTS.		
	PRODUCT IN	NFORMATION			
	NAME OF PRODUCT	AVERAGE PRICE	ESTIMATED NUMBER OF SERVINGS		
CERTIFICATION					
I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be provided of any change in status impacting the information provided within ten (10) days of said change.					
PRINTED / TYPED NAME		TITLE			
SIGNATURE		DATE			

REQUIREMENTS AND REGULATIONS				
VENDORS RESPONSIBLE FOR PROVIDING THE FOLLOWING				
APPLICATION SUBMISSION				
SUBMIT APPLICATION VIA US MAIL OR EMAIL				
COMPANY NAME				
TELEPHONE		MAILING ADDRESS		
FAX				
EMAIL		WEBSITE		
POINT OF CONTACT		CONTACT EMAIL		
NAME & TITLE				
CONTACT PHONE 1		CONTACT PHONE 2		

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