

TEMPORARY FOOD VENDOR APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

TYPE OF VENDOR: _____
(PUSH-CART, BOOTH, TENT ETC.)

TELEPHONE NUMBER: _____

EVENT: _____

TYPE OF FOOD SOLD: _____
(LIST MUST BE COMPLETE)

DATE: _____ SIGNATURE _____

FOR HEALTH DEPARTMENT USE ONLY

AMOUNT ENCLOSED: \$ _____

INSPECTOR APPROVAL: _____