

FOOD VENDOR APPLICATION

Company Name: _____

Address: _____ Business Phone: _____

Additional Phone: _____ E-mail Address: _____

Contact(s) name for this application: _____

TRUCK//STAND INFORMATION:

Make: _____ Colour: _____ Plate _____

Trailer or canopy size estimate: (LxWxH): _____

Overall space requirement estimate (LxW): _____

How many 8 foot tables do you require? _____

How many large bags (12kg) of ice do you require (\$15/ bag): _____

Number of staff per day: _____

FEE STRUCTURE:

Food Vendor \$650/3 days(Each additional site \$550, upon approval) \$ _____

Island Vendor (2 days only) \$435.00 \$ _____

Ice Bags (\$15 ea.) # of bags _____ \$ _____

HST #: _____ + HST 13%: \$ _____

TOTAL: \$ _____

Name Signature Date

