

SATURDAY 3 JUNE 9AM -3PM

FOOD VENDOR REGISTRATION

Vendor's Name:		
Business Name:		
Address:		
City:	Pos	st Code:
Phone:	En	nail:
Website:	Fac	cebook:

What are your food offerings?

Please list your licences/permits and insurance coverages:

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SPACE REQUIREMENTS

TENT Size of tent/s: Number of staff: Do you require power? Do you have a handwashing facility? ^Y ^N

TRUCK/TRAILER Size (total length):

Do you require power? Y

DESCRIPTION or Photos of the items you propose selling and a picture of your truck or trailer

PAYMENT INFORMATION

There is no space rental fee for our food vendors 10% of takings to be paid to Gwynne Vaughan Park Society at the end of the Plant Sale

Park Location: 46181 Hope River Road, Chilliwack BC