



Food Vendor Registration Form

Vendor Name:	
Contact Name:	
Phone Number:	
Email:	
Address:	

MENU ITEMS: Please list all menu items to be sold the day of the event.

To avoid duplicate items sold, All items subject to approval

1		5	
2		6	
3		7	
4		8	

Do you have a San Diego County food vendor permit? (temporary event permit)	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*All food vendors must have a SD County food vendor permit</i>
Permit Number #:	
Do you/staff have a food handlers' card?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*All vendors must have a valid food handlers' card</i>
How many staff will be in your booth?	
How many spaces will you need? (1 space: 10X10 canopy)	