



2019 HHF Food Vendor Registration Form

VENDOR INFORMATION

Vendor Name (please print):
Vendor Signature & Date:
Business Name:
Street Address:
City:
Zip Code:
Phone:
Email:
Website:
Special Requirements:
Please provide one of the following:
1. Mobile Food Facility Vendor Permit #:
2. Temporary Food Facility Vendor Permit #:

BOOTH STAFF

Staff must be listed for insurance purposes

Employee Names:

FEES

\$25 Booth Fee <i>Please make check or money order payable to "TOVEA" (Twin Oaks Valley Equestrian Association)</i> Payment type (cash, check, or money order):
Fundraising Fee Seller agrees to honor all food vouchers of participants, and donate ___% of sales to the HHF on the day of the event. <i>Proof of sales to be provided upon request.</i>

I have read and agree to the terms and conditions of the 2019 HHF Vendor Agreement and Food Vendor Registration Forms (please sign):
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