

EVENT VENDOR APPLICATION

Department of Licensing and Collections

NEW APPLICATION RETURNING VENDOR

BUSINESS INFORMATION

Business Name: _____

Business DBA: _____

Contact Name and Title: _____ Contact Phone: _____

Contact E-mail: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business Type: Corporation LLP / LLC Sole Proprietor Non-Profit

FOODS BEING SOLD (LIST ALL)

BOOTH SIZE

Booth Size: _____

INITIAL THE FOLLOWING

_____ There is a \$1,000 Fee that must be paid in full prior to event.

_____ An inspection by the Lake County Health Department will be required.

The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.

 Applicant Name Applicant Signature Date

NOTE: You are required to maintain current: all proper licenses, certificates and insurance. You must be prepared to furnish documents upon request. Electric and Water will be available to "hook up" with the appropriate usage.

FOR OFFICE USE ONLY				
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Required Reviews	Approved	Denied	Date	Initials
Licensing				