FOOD VENDOR APPLICATION

Printed Name	 Signature	Date
Committee", their members, agactions, suits or proceedings by	er agents, employees or servants, or anyone	
To the Powassan Maple Syru	лр Committee:	
Note: Health Unit approval	forms MUST be submitted with Food Ve	endor applications and payment
(OR attach a summary -	- showing available items and price	as)
Types of Foods and Bevera	ges to be provided	
Phone No.:	Email:	
Address (Street/Box no./To	wn/Postal Code) :	
Contact Name:		
Name of Business / Organiz	ation:	
Size of Booth Required:	 (1) One 10'x10' booth - \$200.00 (2) Two adjacent 10'x10 booths - \$25 (3) Three adjacent 10'x10 booths - \$3 	
Type of Organization:	"Not for Profit"	"For Profit"
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