Part One: Vendor Contact Information

Name _____ Organization, if applicable _____

Telephone Number _____ Mailing Address _____

City _____ State _____ Zip _____

Part Two: Vendor Type and Food Safety Certificate

☐ For - Profit Facility

☐ Non-Profit Facility

California Accepted Food Safety Certification Certificate

Name: _____ Provider: _____

Certificate Date: _____ Expiration: _____

Part Three: Events Scheduled for Participation

(A single annual vendor application and fee will allow a vendor to be permitted for multiple events provided food and facility operational details are identical for all of the events.)

Event Name	Location	Date (s)