

KFCM VENDOR RECORDS –FOOD TRUCKS /CONCESSION- Circle one Date: _____

Vendor Name: _____

Business Name: _____

Address of Business: _____

Are you the Sole Operator: Yes ___ No ___ Other Partners: Yes ___ No ___

Address food is prepared at _____

Is it an IHA approved Kitchen: Yes ___ No ___ Fire Sticker information attached

Food Safe Certificate Yes ___ No ___ Market safe Certificate Yes ___ No ___

Food Truck Vendor Concession (Prepped, cooked, and assembled on site)

Type of Cart: 4' X 6' Cart/Trailer up to 6' X 6' Non-Motorized Mobile Motorized 20' 30'

What is the exact size of your Concession Unit? W: ___ L: ___ H: ___ (from ground) NA:

Other Health Certificates _____

Do you have Liability Insurance Yes ___ No ___ Liability Insurance attached to application?

Is the product Low Risk _____ High Risk _____ Lab Tests: Yes ___ No ___ Not required _____

Have you included the above certificates, letters and results with your application? Yes ___ No ___

List the products you sell

List food items being prepared **ON** site

List food items being prepared **OFF** site

I have read and understood the KFCMS Rules of Operation Initial after reading the Rules of Operation and before sending in your application

Applicants Signature _____ Date _____