



FOOD VENDOR FORM

Business / Organization Name _____

CIRCLE ONE: TRUCK TENT

Contact Person _____ Cell _____

Food Type _____

Email _____

Address _____

- Set up begins at 10:00am. Teardown only at the end of event.
- No Electricity, tables, chairs or tents provided.

Food vendors MUST provide proof of handler's certificate and vendor license for event from The Chester County Department of Health

***THE APPLICATION AND PAYMENT MUST BE RECEIVED IN THEIR OFFICE AT LEAST FIVE WORKING DAYS PRIOR TO THE EVENT.**

Online - Complete the [Application to Operate a Temporary Event](#). Be sure to note the payment code at the end of the application before clicking the "submit" button. After submitting the application, you will be redirected to the payment page.

In Person - Complete the [Application to Operate a Temporary Event](#), bring the application, any necessary attachments and payment to [our office](#) Monday-Friday 8:30am - 4:30pm. **If paying in cash, please bring exact amount.**

Postal Mail - Complete the [Application to Operate a Temporary Event](#). Payment in the form of a check, or money order payable to Treasurer of Chester County can be mailed with a copy of the application to: Chester County Health Department, 601 Westtown Road, Suite 288, West Chester, PA 19380-0990.

We promote the event & its participants until the event date. Please email a brief promo, Blurb or Photo

FEE: \$100: Please send a copy of completed form and check made payable to:

**Alianzas de Phoenixville. Memo: Feria Vendor. Mailed to:
Alianzas Latino Outreach 148 Church St. Phoenixville, PA 19460**

fees are non-refundable.

I hereby release Alianzas de Phoenixville and its employees / volunteers from all responsibility in the event of personal injury, or loss, damage or theft of merchandise and property.

Signature _____ Date _____