



**ODA17 - FOOD VENDOR APPLICATION**  
**Saturday, April 22 & Sunday, April 23, 2017**

**Food Booth Name:** \_\_\_\_\_

**Vendor Food Permit #:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_

**Person in Charge of Booth:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Menu:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Booth Fee check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Cleaning Deposit Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_