

Melanin Youth Foundation's Event Vendor Application

Thank you for your interest in becoming a vendor at our event, we look forward to seeing you soon.

* Indicates required question

1. Email *

2. Company Name *

3. Company EIN Number *

4. Business License or Sellers Permit Number *

5. Company Mailing Address *

6. Company Telephone # *

7. Company Email Address & Website if applicable *

8. Company Logo if applicable

Files submitted:

9. Description of what you will be providing/Selling *

10. Point of contact Name *

11. Point of contact Number if different than business number *

12. Type *

Check all that apply.

- Informational
- Non-profit
- Merchandise
- Food
- Please provide atleast 1 food handlers license number
- Other: _____

Information

Your application doesn't guarantee your spot as a vendor. Ensure fees are paid at least three days before the event. You're welcome to set up your booth 1 to 1.5 hours before the festivities begin. Remember to list Melanin Youth Foundation as a Certificate holder or additional insured on your insurance policy. For any inquiries or to share your excitement, reach out to our event coordinator or the friendly PTA President. We're here to make this event extra special!

Check and money order payments must be made out to Melanin Youth Foundation. You may use the link below to complete payment online.

[paypal.me/rejuvenatewoman](https://www.paypal.me/rejuvenatewoman)

Food and Merchandise Vendors: \$50

Information Vendor's: \$25.00

Nonprofits: \$0.00

All proceeds go towards existing/future programs and events by the Melanin Youth Foundation.

*****For Food Vendor's ONLY*****

****Food Disclosure for Annual Harvest Festival Vendor Application****

In accordance with the regulations governing food vendors at the Annual Harvest Festival, please provide the following information regarding the food items you intend to sell:

1. ****Menu Items:**** List all food items you plan to offer, including descriptions.
2. ****Ingredients:**** Specify all ingredients used in each menu item.
3. ****Food Handling:**** Describe your food preparation and handling processes to ensure food safety.
4. ****Allergen Information:**** Indicate if any of your menu items contain common allergens (e.g., nuts, gluten, dairy) and how you address potential allergen cross-contamination.
5. ****Food Safety Measures:**** Explain the measures you take to maintain proper food temperature and hygiene.

By providing this information, you help us ensure the safety and enjoyment of all attendees. Thank you for your cooperation.

13. Signature *

14. Date *

Example: January 7, 2019

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