

## **VENDOR INFORMATION**

Thank you for your interest in our Food Court Location.

Completed forms will be reviewed and a representative will be in further contact with you.

| Applica | ant Name: (Primary Contact):  |                                   |   |
|---------|---|-----------------------------------|---|
| Busine  | ss Name:  |                                   |   |
|         |   |                                   |   |
| Teleph  | one Number (s):   |                                   |   |
| Email:  |   |                                   |   |
|         |   |                                   |   |
| Dlass   | e answer the following questions  |                                   |   |
|         | Food Specialty  | •                                 |   |
| 2.      | Food Truck Operation Status:  |                                   | _ |
|         | <ul><li>Operating</li></ul>   | Current Location:                 | _ |
|         | ☐ Getting Built   | Will be complete by:              |   |
|         | ☐ Do not have a truck.  |                                   |   |
| 3.      | Food Truck Length:  |                                   |   |
| 4.      | Preferred Days/ Hours of operation.   | (Food Truck Court Closes at 10pm) |   |
|         | <ul> <li>Monday:</li> <li>Tuesday:</li> <li>Wednesday:</li> <li>Thursday:</li> <li>Friday:</li> <li>Saturday:</li> <li>Sunday:</li> <li>Weekends Only</li> <li>Weekdays Only</li> </ul> |                                   |   |

## Please include the following information:

- Upload Picture of Truck
- Food Menu