

REGISTRATION FORM

Personal Information	Information
First Name	
Last Name	
Company Name	
Address	
Phone Number	
Email Address	

License Details	Information
Vendor Type	<input type="checkbox"/> Food Truck <input type="checkbox"/> Food sales <input type="checkbox"/> Common Vending
What do you sell	
How much space do you need 15X10, etc)	
Payment Method	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash App

Emergency Contact	Information
Contact Name	
Contact Phone Number	

