



Thank you for your interest in vending at our community events in Lakeside, Oregon!
Please complete all sections of this application. Incomplete applications may not be considered.

BUSINESS INFORMATION

Legal Business Name: _____
 DBA (if applicable): _____
 Owner/Contact Name: _____
 Phone: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____
 Food Truck Name: _____
 Website/Social Media: _____

Please include clear photos of your food truck (exterior and service window):


 PHOTO HERE


 PHOTO HERE


 PHOTO HERE

MENU & PRICING

Please attach a full menu with pricing.
Highlight any unique or special dishes you plan to serve at our event.

Do you offer vegetarian, vegan, or gluten-free options?

Yes No

If yes, please describe: _____

LICENSING & PERMITS

Please attach copies of the following:

- Oregon Food Service License
- County Health Permit
- Temporary Event Permit (if applicable)
- Other Required Permits: _____

EVENT EXPERIENCE

Please provide a summary of previous events or festivals you've participated in.

References (Event Organizer Contact Information):

1. Name: _____ Phone/Email: _____
2. Name: _____ Phone/Email: _____
3. Name: _____ Phone/Email: _____

Please include photos of your past event setups:


 PHOTO HERE


 PHOTO HERE


 PHOTO HERE

FEES & PAYMENT TERMS

Vendor Fee (if applicable): \$ _____

Payment Due Date: _____

Will you accept revenue sharing instead of a vendor fee?

Yes No If yes, please explain: _____

UNIQUE EVENT PROPOSALS

Do you have any special offers, themed menu options, or ideas specifically for this event?

INSURANCE

Please attach a copy of your liability insurance certificate.

Minimum Coverage Amount: \$ _____

Insurance Provider: _____

Policy Number: _____

Expiration Date: _____

ELECTRICAL & UTILITY NEEDS

Power Requirements:

Amps: _____ Voltage: _____ Phases: _____

Do you require a generator? Yes No

Water Source Needed: Yes No

If yes, gallons needed per day: _____

Grease Disposal Needed: Yes No

Additional Notes: _____

WASTE MANAGEMENT PLAN

Please describe how you handle:

Trash Disposal: _____

Recycling: _____

Grease Disposal: _____

Additional Notes: _____

SAFETY PLAN

Food Safety Practices: _____

Crowd Safety Plan: _____

Fire Extinguisher On Board? Yes No

If yes, please list type(s) and size(s): _____

Additional Safety Measures: _____

By signing below, I certify that the information provided is accurate and complete. I agree to comply with all event rules and regulations.

Signature: _____

Date: _____