

**2016 WEST FEST
FOOD VENDOR APPLICATION
NONPROFIT OR SHEYENNE BUSINESS OWNERS**

I would like to serve food only from 9:00am-2:00pm in the Food Court on Sheyenne Street.

I would like to serve food only at Family Fun which is located at Eastwood Elementary area from 2:00-5:00pm. Note all Family Food Vendors are Free.

NAME OF VENDOR _____

OWNER/OPERATOR _____

NAME/MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

EVENT FEE: **\$0 for Nonprofit or business owners located on Sheyenne St.**

Liability insurance: **A copy of the policy must be attached with the application**

Dates of proposed food service operation: **September 17, 2016**

Location **Food Court (4th Ave. W.) & Sheyenne Business Owners**

Type of food/beverage serving: _____

How long is your trailer or booth: _____

Need generator: Yes or No # of outlets needed: _____

****PLEASE NOTE THAT A CATERING/MOBILE LICENSE IS REQUIRED WITH
FARGO CASS PUBLIC HEALTH DEPARTMENT****

DATE _____ **SIGNATURE** _____

TITLE _____

*Please Mail or drop off all required documents and fee (payable to City of West Fargo) by May 1, 2016:
City of West Fargo
Attn: Stanna Flom
800 4th Ave E
West Fargo, ND 58078*

This area is for office use only

FEE AMOUNT RECEIVED: _____ **DATE PAID:** _____ **CHECK #:** _____ **OR CASH** _____

CITY: APPROVED () DENIED () **CASS COUNTY PUBLIC HEALTH LICENSE: APPROVED () DENIED ()**

COMMENTS: _____