## **Booth Responsible Party Identification**

Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Booth F	Responsible Party:							
Booth N	Name:							
	(Ex. Business Na	me or Name for ind	lividual booth)					
ls this a	a mobile vending unit?	] Yes □ No	Where is the mobi *Supervisor approval		permitted	?		
Type of	food/beverages to be se	erved (check all f		,				
	Hot foods:							
	Colds foods:							
	Beverages:							
The foc	od will be obtained from t	:he following app	proved sources (checl	( all that apply)	:			
	I operate from/own a per	mitted food facility	y (such as a restaurant)					
_	Food Facility Name:							
							_	
	Food Facility Address:	Address		City	State	Zip	_	
	I will purchase food from	a permitted food facility (such as a grocery store or restaurant) on the				•	he event	and bring
	the food directly to the ev	ent. I will mainta	ain my receipts from t	he purchase or	n-site at the	e event for	verificat	ion.
	Food Facility Name:						_	
	Food Facility Address:							
	1 dou't domey riddrodd.	Address		City	State	Zip	_	
understa at all tim Failure tagainst	certify that I have received and that, as a condition of thes. I will conform to these to do so may result in the in the in the Municipal Court County Precinct Court. I und	my operation at the guidelines and emmediate susper of the City of Aus	his event, I am responsionsure that all individual assion of my operation at this for a violation of the	ble to ensure that s involved in this this event and r se guidelines an	at these guing operation may result in the Code	idelines are conform to to a complain of the City	strictly actives guidently active guidently act	dhered to delines. filed
Signatu	ıre:		Printed Name:			Dat	e:	
Mailing	Address:			City			State	Zip
Driver's	s License:		Date of Birth:	•	Phone Nur	nher:	-	•

DL#

State