



Food Vendor Application

Applications will be screened and selected by event committee.

General Information

Company Name: _____

Contact Person: _____

Address: _____

E-mail Address: _____

Phone: _____

Placer County Health TFF or MFF Number: _____

Include a copy of permit with application. Permit is required for event eligibility.

Event Dates - 2025 Season

<input type="checkbox"/> 4/16	<input type="checkbox"/> 5/7
<input type="checkbox"/> 4/23	<input type="checkbox"/> 5/14
<input type="checkbox"/> 4/30	<input type="checkbox"/> 5/21

Booth Fee

One time series fee good for 1-6 event nights \$50 series fee

Electrical Needs

Outlets needed: None One Two _____ Total Wattage

\$10 additional fee for electric use. All cords must be provided by vendor. City only supplies outlet to electricity.

Do you accept credit cards? Yes No

List exactly what you are selling:

To avoid duplication of multiple like vendors, all applications are taken at a first come, first served basis. Applications and payment, must be sent to:

Send Applications to Kathleen Beedy at kbeedy@roseville.ca.us

**Application
Deadline:
3 / 19 / 25**

Payment Method Check Check payments must be payable to the City of Rosevill

Credit Card City staff will contact you to retrieve this information.

