



FOOD VENDOR BOOTH APPLICATION

FEE: \$500.00 per 10' x 10' Booth Space

(Fee includes: booth space and entrance to Rosecroft Raceway for up to five (5) persons who will operate booth)

A non-refundable deposit of \$25.00 (per booth space) is due upon submission of application

For Vendor information, contact Michelle Parker at 301-219-0205 (cell) or email to missparker67@gmail.com
Faxed documentation may be sent to FAX# 202-879-0116; Attention: Darlene Stukes

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE: _____ FAX: _____

E-MAIL: _____

SALES TAX ID#: (Must be filled out) _____

METHOD OF PAYMENT: (Please select method of payment)

Cash Credit Card (Credit Card Authorization Form – PAGE 3) PayPal (Email: scf@bythebooksaccounting.com)

Check Money Order (Make checks and money orders payable to: **The Street Corner Foundation**)

Postal mailed applications/forms with payment should be sent to: **Darlene Stukes c/o The Street Corner Foundation, P.O. Box 62808, NE, Washington, DC 20029** and **must be postmarked by September 21, 2008.**

BOOTH SPACE: (Please indicate the number of spaces you are requesting) _____ TOTAL: \$ _____

(Vendors utilizing trucks/trailers etc. may require additional space, therefore when assessing your booth space needs be sure to request the appropriate amount of space accordingly)

BOOTH BADGES: (Please list names of Vendor representatives for booth name badges)

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Booth space is limited, therefore, early submission of your application with PAYMENT IN FULL IS STRONGLY SUGGESTED to ensure a spot. Upon receipt of payment in full, a Vendor Information Packet will be sent (via e-mail) which will include vendor check-in procedures, times, and set-up/break-down information.



THE STREET CORNER FOUNDATION
WASHINGTON, D.C.



CREDIT CARD AUTHORIZATION FORM

I HEREBY AUTHORIZE THE STREET CORNER FOUNDATION, WASHINGTON, D.C. TO CHARGE:
(Please select all that apply)

- VENDOR BOOTH APPLICATION FEE IN THE AMOUNT OF \$ _____
- FOOD VENDOR BOOTH FEE IN THE AMOUNT OF \$ _____
- MERCHANDISE VENDOR BOOTH FEE IN THE AMOUNT OF \$ _____
- DONATION IN THE AMOUNT OF \$ _____

TO MY/MY COMPANY CREDIT CARD FOR **BIG TIGGER'S 2ND ANNUAL RIDE FOR LIFE**
(The payee should appear as "The Street Corner Foundation" on your credit card statement)

KINDLY COMPLETE THE INFORMATION BELOW AND ATTACH A CLEAR PHOTOCOPY OF THE CARD HOLDER'S DRIVER'S LICENSE, AND BOTH FRONT AND BACK OF THE CREDIT CARD.

COMPANY NAME: _____

CREDIT CARD#: _____ EXP. DATE: _____

NAME IMPRINTED ON CARD: _____

I certify that the above information is true and accurate. I hereby authorize THE STREET CORNER FOUNDATION (SCF) to charge my credit card with all expenses specified.

CARDHOLDER'S SIGNATURE: _____

(In case of errors or inquiries, you must contact us within ten (10) days of receipt of payment)

**TEMPORARY EVENT
SPECIAL FOOD SERVICE FACILITY (Class II)
PERMIT APPLICATION**

**Prince George's County Health Department
Environmental Health**

Largo Government Center | 9201 Basil Court, Suite 318
Largo, Maryland 20774-5310
Office 301-883-7690 | Fax 301-883-7601
TDD for the hearing impaired 301-883-5025

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Application fee is non-refundable ◆ Type or print in black ink. All blanks must be filled in, if applicable, and the application must be signed. ◆ Send the application fee to the address above, in the form of a check or money order made payable to: "Prince George's County Health Department." ◆ Check type of operation: <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Day Temporary Day Event \$75.00 <input type="checkbox"/> Single Day Temporary Event \$75.00 <input type="checkbox"/> Single Day Temporary Event \$25.00 (If application is <u>received</u> 14 or more calendar days before the event) <input type="checkbox"/> Special Food Service Facility/Non-Profit Organization NO CHARGE (Must submit proof of non-profit status and booth must be staffed by members of the organization) ◆ Incomplete applications will be returned for corrections/completion and will delay issuance of permit. ◆ Permits must be issued prior to preparation or sale of food. ◆ If you need assistance filling out this application, please call 301-883-7690. ◆ The permit application must be received at least (2) days prior to the event to guarantee inspection. ◆ OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A \$300.00 FINE. 			
APPLICANT INFORMATION	Trading Name or Organization		Applicant Phone Number	
	Name of Applicant		Applicant Cell Phone Number	
	Applicant Mailing Address	Number	Street	
	City	State	Zip Code	
	Foods Being Served by Applicant			
EVENT INFORMATION	Name of Event		Event Date	
	Event Address / Location	Number	Street	
	City	State	Zip Code	
	Event Coordinator/Contact Person	Daytime Phone No.	E-mail Address	
PLEASE SIGN	<ul style="list-style-type: none"> ◆ <i>I have examined and read the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, the State of Maryland and Prince George's County.</i> ◆ <i>I understand that falsification of this application may result in the denial, suspension or revocation of the permit.</i> <p style="text-align: center;"> </p> <p style="text-align: center;"> <i>Applicant Signature</i> <i>Printed Name of Applicant</i> </p>			

Do Not Write Below This Line

FOR OFFICE USE ONLY	Date of Approval	Receipt Number	Amount Received	Date Received	Facility Number
	Approved By	Permit Number	Date Permit Issued	Expiration Date	