

Date of Application: _____



2019 Treasure on the Mountain

Food Vendor Application

Application Due Date: June 1, 2019

Organization Name: _____

Contact Name: _____

Address: _____

Phone: _____

E-mail: _____

Please list the Quantity and Description of what your organization wants to provide (if more space is needed, please included additional pages):

Quantity	Price	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you provided food in the past? Yes No

Will you have a trailer on the raffle grounds? Yes No If yes, what size? _____

Will you need electric? Yes No Please note you will need to bring your own electric cords.

Additional Comments:

If your application is approved – you will receive the Vendor Agreement to complete and return. In addition you must be able to provide the below:

- Organization must abide by the WV Health Department Guidelines for Operating a Temporary Food Service Concession.
- Organization must display a copy of their Food Handler's Permit & Business License.
- Organization shall provide to the Snowshoe Foundation a Certificate of Liability Insurance form naming Snowshoe Mountain Inc. as additional insured with limits of \$1 million per occurrence and \$2 million general aggregate.