



Food Vendor Application

Company Name: _____

Contact Person: _____

Address: _____

Email Address: _____

Phone Number: _____

Please list items you wish to sell: _____

Application Guidelines

1. Enclose **\$50.00 fee** with completed application form. Make check payable to Spring Lake Park Recreation, 1301 – 81st Ave NE Spring Lake Park MN 55432
2. Provide a Certificate of Insurance naming City of Spring Lake Park as co-insured.
3. Have with you on day of the event an MDH and Anoka County Food License.
4. Must provide own power source.
5. Event hours: 6:00pm – 10:00pm Friday, July 15, 10:00am – 3:00pm Saturday, July 16 – *Tentative hours*
6. Location: Terrace Park 410 79th Ave, Spring Lake Park, MN
7. Event will be held rain or shine.
8. Please indicate if you will be using compostable products. Yes ____ No ____

Applicant Signature

Date