

Event Information

Date(s) of the event: _____

Schedule Times: _____

Arena Name: _____

Vendor Information

Vendor Name: _____

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____

Contact Name: _____ Phone: _____

Do you have a City of Quesnel business licence? ☐ Yes ☐ No

Do you have an approved health application through Northern Health? ☐ Yes ☐ No

Do you have a food safety plan? ☐ Yes ☐ No

Do you have current and up to date liability insurance? ☐ Yes ☐ No

Food offerings: _____

Will you require an outlet for power? ☐ Yes ☐ No

Will you require a table and chairs? ☐ Yes ☐ No

Attachments

a. Proof of Northern Health certification

c. Proof of City of Quesnel business licence

b. Proof of liability insurance

Agreement

Vendor ensures the proper handling of food and has a food safety plan in place. No products that the concession sells will be sold by the vendor. Must not sell Pepsi products.

Print Name

Signature

Date

A new application is required for each event. Applications are subject to an approval process.