



## 2022 FOOD SERVICE APPLICATION

Read the Terms and Conditions before completing this application

Business name

Website

Contact person

Phone

Email

Address

Alternative contact (name & email optional)

### Menu items

List **each** of your food menu and beverage items, and prices.

Use a separate document if you need more space.

**Item**

**Price**

My products  Check all that apply

I have vegetarian options

I have vegan options

I have gluten free options

I have dairy free options

My menu is 100% peanut and tree nut free

## My operations

Check the option that best fits your vending operation

**Note that we are unable to provide power or water connection**

Operate a food truck	Operate a food cart	Operate under a tent
Truck dimensions           ft x       ft	Cart dimensions           ft x       ft	Tent dimensions           ft x       ft
Height of serving window (from ground to serving counter)	Height of serving window (from ground to serving counter)	Height of serving window (from ground to serving counter)
What side do you serve from?	I use a vehicle/trailer as part of my operations (parked on site)	I use a vehicle/trailer as part of my operations (parked onsite)
	I use a vehicle/trailer for load in only (parked off site)	I use a vehicle/trailer for load in only (parked off site)
	Type of power source	Type of power source

Check all that apply

I offer individually wrapped, plastic bendable straws upon customer request

I have a menu board (ie sandwich board) that can be placed **away** from my booth area

I accept visa/mastercard

All of my servingware is made from [certified compostable](#) materials

I operate a deep fryer

I accept debit card

I offer pop (can or bottled)

I have amplified sound/music

I offer contactless payment (ie. card tap option)

I offer bottled water

I can operate on grass

I accept cash

**Involvement with Pride** Are you interested in any of the following?

Receiving VPS newsletter by email (recommended)

Donating food to volunteers and event crew

**My business** These questions are optional and help us to create space for organizations that reflect our communities

My organization is owned by someone who identifies as Lesbian, Gay, Bisexual, Trans, Queer, Asexual, Aromantic, Intersex, and/or Two Spirit

My organization is owned by a person who has a disability

My organization is owned by someone who identifies as Black, Indigenous, or as an otherwise racialized person

My sales staff are fluent in languages other than English (please list the languages your staff are comfortable using below)

Would you like to provide details on the information you gave above? (optional)

Do you have any placement requests? examples: in the licensed zone, on flat ground, or not by loud music

## My health permit

<p>I hold a current Permit to Operate (Vancouver Coastal Health)</p> <p>Permit number</p> <p>Expiry date</p>	<p>I hold a current Permit to Operate (Fraser Health)</p> <p>Permit number</p> <p>Expiry date</p>	<p>I do not have a health permit</p> <p>You will need to complete a <b>Temporary Food Services Application</b> and submit it to VPS with this form</p> <p><a href="#">VCH Temporary Food Service Form</a></p>
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## Availability

Check all dates you are interested in vending

East Side Pride, Sat. June 25th

Sunset Beach, Sun. July 31st

I am interested in other vending opportunities if available!

## Check list

I have attached a photo of what my booth/truck looks like when fully set up  
(mandatory for first-time vendors)

I have included my Temporary Food Services Application  
(mandatory for food handlers who do not hold a Permit to Operate)

I have read and agree to the Terms and Conditions

If my application is approved, I agree to provide proof of insurance with the Vancouver Pride Society, Vancouver Board of Parks and Recreation, and the City of Vancouver added as Additionally Insured

If my application is approved, I agree to pay the membership fee in addition to my vending fee  
(see rate card for details)

## Payment options

(Write "call for payment" if you prefer to provide card details over the phone)

VISA / MASTERCARD

Cheque (Bill my invoice to the contact on page 1)

Name on card

Cheque (Bill my invoice to the contact below)

Card number

Billing name

Expiry

Billing Address

CVV code

This application was completed by (name)

Return your application form to [applications@vancouverpride.ca](mailto:applications@vancouverpride.ca)

Or mail to Vancouver Pride Society, 304-1080 Howe Street, Vancouver, B.C., V6Z 2T1

*You will receive confirmation via email when your application is received*