

Is there any other information you would like us to know about your menu?

My operations

Check the option that best fits your vending operation

Note that we are unable to provide power or water connection

I operate a food truck, trailer or cart with axle	I operate a food cart (for example, bike carts)	I operate a food tent
Dimensions ft x ft	Dimensions ft x ft	Dimensions ft x ft
What side do you serve from?	I use a vehicle or trailer as part of my operations (parked on site)	I use a vehicle or trailer as part of my operations (parked onsite)
	I use a vehicle or trailer for loading only (I will find parking off site)	I use a vehicle or trailer for loading only (I will find parking off site)
Weight (if known) kg	Weight (if known) kg	
Type of power source that you use	Type of power source that you use	Type of power source that you use

Check all that apply

<input type="checkbox"/>	I offer individually wrapped, plastic bendable straws upon customer request	<input type="checkbox"/>	I have a menu board (ie sandwich board) that can be placed away from my booth area	<input type="checkbox"/>	I accept both card and cash payments
<input type="checkbox"/>	All of my servingware (other than above) is made from certified compostable materials	<input type="checkbox"/>	I operate a deep fryer	<input type="checkbox"/>	I have amplified sound/music
<input type="checkbox"/>	I am interested in donating food to volunteers and event crew	<input type="checkbox"/>	I can safely operate on flat grass	<input type="checkbox"/>	I offer pop and/or water (can or bottled)
<input type="checkbox"/>	I would like to receive Vancouver Pride newsletter (recommended)	<input type="checkbox"/>	If requested, I can serve from two sides of my truck or booth		

My health permit

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

Availability Check all dates you are interested in vending

<input type="checkbox"/>	East Side Pride Sat. June 24th	<input type="checkbox"/>	Pride Festival Sat. Aug 5th Sun. Aug 6th	<input type="checkbox"/>	I am interested in other vending dates if available!
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Do you have any placement requests? examples: in the licensed zone, on flat ground, or not by loud music

Checklist and Terms of agreement

<input type="checkbox"/>	I have attached a photo of what my booth/truck looks like when fully set up (mandatory for first-time vendors)
<input type="checkbox"/>	I have included my Temporary Food Services Application (mandatory for food handlers who do not hold a Permit to Operate)
<input type="checkbox"/>	I have read and agree to the Vending Terms
<input type="checkbox"/>	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
<input type="checkbox"/>	If my application is approved, I agree to pay the membership fee in addition to my vending fee (see rate card for details)

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

<input type="checkbox"/>	My organization is owned by someone who identifies as Lesbian, Gay, Bisexual, Trans, Queer, Asexual, Aromantic, Intersex, and/or Two Spirit	<input type="checkbox"/>	My organization is owned by a person who has a disability
<input type="checkbox"/>	My organization is owned by someone who identifies as Black, Indigenous, or as an otherwise racialized person	<input type="checkbox"/>	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)

This application was completed by (name)
Signature

Online payment instructions will be provided to approved applicants.

Return your application form to 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