

August 7 – 8, 2020

FOOD VENDOR APPLICATION



St. Albert, AB

Application Date: _____

Name: _____ Company: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone number you can be reached at: _____

- **LOCATION** (Information only - your location will be assigned at a later date)

Friday Night - parking lot across near St. Anne St. across from St Albert Place/City Hall

Saturday – Lions Park and Millennium Park south side of the river) and MacMillian Park (north side of the river)

- **FOOD:** What are you planning on serving? _____
- **HEALTH FORMS** - Alberta Health Services Temporary Food Establishment (Vendor) Notification **must** be completed and submitted along with this form.
- **ELECTRICAL POWER** – We do not provide power. Quiet generators only will be allowed at both Friday and Saturday’s Events. (If you arrive with a noisy generator you will be asked to leave without a refund)
- **SPONSORSHIP:** Cost is \$1000 or more donation to the ADF- official receipt and custom-sized space available. If you are interested in being a sponsor for this event, check here _____
- **COST INFORMATION** - DEADLINE FOR APPLICATION IS **JULY 2, 2020.**

Early Bird Special - \$225 per day included if full payment and application received before March 31

After March 31 - \$250 per site per day

SPACE REQUIREMENT: A 40-foot-long by 10 foot deep space is provided

- How long do you require for your Food Truck/Trailer? _____

If you require more than a 50-foot-long space, an additional charge of \$5/foot will be charged.

If yes, how many additional feet? _____

- **EVENT DAYS** – Check which applies

_____ Friday Night _____ Saturday _____ Both

- **PAYMENT** – Mark amount in appropriate box on right and total with GST

Friday Night	\$
Saturday	\$
Both - Friday Night and Saturday	\$
SUBTOTAL	\$
GST - add 5% to subtotal	\$

Total Amount paid: _____

_____ VISA _____ Mastercard _____ cheque (payable to Rock n' August)

Card # _____ Exp: __/__/__ CVC _____

Authorized Signature _____

- **DEADLINE FOR APPLICATIONS IS JULY 2, 2020.** Please **email, fax or mail** this completed registration form (both pages), Capital Health Form, plus COMPLETE PAYMENT, using the information below:

Email: RNA.Vendor@gmail.com

Mail: Jukebox Saturday Night c/o Rock n August

P.M.B. Box 121 3 – 11 Bellerose Dr. St. Albert, AB T8N 5C9

Fax: 780-458-6515

Office Use Only:
Date application received on: _____
Date payment received on: _____
Amount paid : _____