

Flying H Drag Strip Food Vendor Application

Please submit applications to Morgan Eaton Morgan.e@flyinghdragstrip.com

Business Name:	
Federal Tax ID Number:	Year(s) in Business:
First Name:	Last Name:
Address:	City:
State:	Zip Code:
Email address:	
	a, Booth or Truck with this application.
•Please provide copies of Vending Pe	rmit, Business Licensure, & Insurance with application.
What are the dimensions of your	vendor Booth or Truck?
Please list products to be sold at o	event: (Please list ANY & ALL name brand items)
Do you have previous event Refer	
3)	
Acknowledgments: (Required Initi	als Below)
	ousiness CAN and MUST supply own personal stand-alone utilities
	ly, to operate at Flying H Drag Strip events.
I acknowledge that my l	ousiness is responsible for maintaining a clean, safe, and sanitary
Booth/Truck space, at ALL times.	
I acknowledge that I am	to return my Booth/Truck area back to its original condition at the
completion of each event.	,
	subject to ANY and ALL additional fees such as clean-up services, or
property damages made to Flying	
Applicant Signature:	Date: