



# ADDITIONAL SUPPLIER LIST

**VENDOR NAME:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

**Supplier Name:** \_\_\_\_\_

**Supplier Address:** \_\_\_\_\_

# FORM INSTRUCTIONS

Name of person at event

## Booth Responsible Party Identification

Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Booth Responsible Party: John Doe

Booth or company name

Booth Name: John's Concessions

(Ex. Business Name or Name for individual booth)

Is this a mobile vending unit?  Yes  No

Where is the mobile vending unit permitted? Austin

\*Supervisor approval may be required

Type of food/beverages to be served (check all that apply):

Food trucks, trailers or mobile carts are considered mobile vending units

Hot foods: Funnel Cakes

Colds foods: Donuts

Beverages: Lemonade

List all foods being served

The food will be obtained from the following approved sources (check all that apply):

I operate from/own a permitted food facility (such as a restaurant).

Permitted restaurant or commissary

Food Facility Name: John's BBQ

Food Facility Address: 123 Main Street Austin TX 78701

Address City State Zip

I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. I will maintain my receipts from the purchase on-site at the event for verification.

Food Facility Name: Sam's Club

Food Facility Address: 456 Elm Street Austin TX 78701

Address City State Zip

List primary source of purchased products. List additional sources on attached page.

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin Public Health. I understand that, as a condition of my operation at this event, I am responsible to ensure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and ensure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin or in Travis County Precinct Court. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature: \_\_\_\_\_ Printed Name: John Doe Date: 1/1/2023

Mailing Address: 789 Oak Street Austin TX 78701  
Address City State Zip

Driver's License: 12345678 TX Date of Birth: 7/4/1776 Phone Number: 512-555-1212  
DL # State

ALL information above is required to be included

Select one or the other

MUST be actual signature or E-Signature - NOT TYPED NAME