

Food Vendor Application		
Vendor Company:		
Contact Person:		
Mailing Address		
Phone Cell Phor		
Email Website		
I wish to participate in the 2018 Lake Country ArtWalk September 9 th , 2018 for the purpose of selling the follo		
Menu Item		Price
I understand and will comply with the requirement to Health Permit to Operate and meet all related health a commission of gross sales to ArtWalk and have including submission. I understand that this is an application Committee will review and advise successful participants.	and busin ed \$100 c n to parti	ess requirements. I will pay 10% leposit to be credited towards cipate only. The ArtWalk
Signature	Date:	
APPLICATIONS MUST BE SUBMITTED BY <u>APRIL 30th, 20</u>	018 to:	Lake Country ArtWalk P0 Box 41079, RPO South Lake Country, B.C. V4V 127

Deposits will be promptly returned to applicants not participating this year.

Thank You for your interest in Lake Country ArtWalk

Inquiries: Cheryl Taiji at cheryltaiji@gmail.com