

MOBILE FOOD VENDOR USE PERMIT – HELENA TOWNSHIP OWNED PARKS, ACCESSES, AND PARCELS

EVENT NAME: _____

EVENT DATE: _____

EVENT CO-ORDINATOR _____

CO-ORDINATOR CONTACT INFO: _____

EVENT CO-ORDINATOR SIGN OFF

_____ will be providing mobile food vendor service at our event and is approved for this date _____. All required licensing, insurance documents, and inspection records will be provided by to the township prior to approval of this application.

If item being vendor is pre-packaged or not for human consumption please clarify below whether it requires/meets the Health Department requirements for sale to the public and include contact information for the food vendor.

Signature of Event Planner/Organizer

PARK OR SITE BEING REQUESTED

___ Alden Ball Diamond

___ Alden Depot Park

___ Alden Tennis Court Park

___ Other –Explain _____