**Temporary Event Vendor List (please submit 2 weeks prior to your event)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Vendor Name** | **Contact Name** | **Address** | **Phone Number** | **Email address** | **Menu** | **RIDOH *MOBILE* Food Business License Number**  **\*\*REQUIRED\*\***  **(Number starts with FSV or MRK)** |
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**Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**