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:	ef Cook Name)						
Booth	Name:							
	(Ex. Team name)							
Is this a mobile vending unit? Yes No Mobile vending VIN number *Required for submission			Where is the mobile vending unit permitted? *Supervisor approval may be required			BBQ AUSTIN		
			Will your booth set up be outside your unit: □Yes ■No					≣No
Туре о	f food/beverages to be se			general i.e (BBC	Meats, Co	ndiments)		
*	Hot foods: Cnicker	n, Brisket,	RIDS					
	Colds foods:							
	Beverages:							
The foo	od will be obtained from th	ne following ap	proved sources (chec	k all that apply):	1			
	I operate from/own a perr	nitted food facili	ty (such as a restaurant)	-				
	Food Facility Name:							
	Food Facility Address:							
	I will purchase food from the food directly to the ev							
	Food Facility Name:							
	Food Facility Address:							
		Address		City	State	Zip		
unders at all tir Failure against	y certify that I have received tand that, as a condition of romes. I will conform to these to do so may result in the interest me in the Municipal Court Precinct Court, or municipation.	my operation at a guidelines and mmediate suspending of the City of Au	this event, I am respons ensure that all individua ension of my operation a ustin for a violation of the	ible to ensure that als involved in thi at this event and ase guidelines ar	at these guid s operation of may result in and the Code	lelines are s conform to t n a complain of the City o	strictly a shese g nt being of Austi	dhered to uidelines. g filed n, Travis
Signat	ure:		Printed Name:			Date	:	
Mailing	Address:			City			State	Zin
. .	Address		Date of Birth:	City	Phone Numi		State	Zip

DL#

State