**ATTACHMENT A** THE CORPORATION OF THE

CITY OF WHITE ROCK

15322 BUENA VISTA AVENUE, WHITE ROCK, B.C. V4B 1Y6

RECREATION AND CULTURE DEPARTMENT TEL: (604)541-2236 FAX: (604)541-5192 [recreation@whiterockcity.ca](mailto:recreation@whiterockcity.ca)

**FOOD CART APPLICATION**

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| Part 1: BUSINESS INFORMATION |
| White Rock Business Name & Address (that you own or are affiliated with) |
|  |
| Food Vendor Business Trade Name |
| Email address Phone # |

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| --- | --- | --- | --- |
| Part 2: FOOD VENDOR BUSINESS OWNER/OPERATOR INFORMATION | | | |
| NAME | PHONE | CELL | EMAIL ADDRESS |
| 1. |  |  |  |
| 2. |  |  |  |

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| Part 3: TELL US WHAT MAKES YOUR PROPOSAL UNIQUE TO THE CITY |
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| Part 4: PREFERRED LOCATION - 1st choice, 2nd choice & 3rd choice (see map attached) |
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Signature: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_