



Page Community Center
 10am-3pm Monday to Friday
 691 S. Navajo Dr
 P.O. Box 1180
 Page, Arizona 86040
 Telephone: 928-645-2600
 Fax: 928-645-6810

Email: pagecommunitycenter@pageaz.gov

FOOD VENDOR FORM

Christmas in the Park
 Saturday December 14th 2019
 John C Memorial Park

Business	
Contact Person	
Mailing Address	
City/State/Zip	
Phone Number	
Email	

Registration

- Completed forms should be return to Page Community Center, located at 691 S Navajo Drive.
- Booth registration due: Wednesday December 11th, 2019
- Cost per booth: free
- All food vendors are required to have a Food Handler’s Card from the Coconino Health Department, along with a Temporary Food Service License. Copies of food licenses must be submitted at the time of registration.
- Insurance is required, naming the City of Page as an additional insured in the amount of \$1,000,000.

Type of Booth Food/Non-Food and details of items for sale			
Number of Booths		Electricity	Yes / No
Booth Size Required			

Electricity is not guaranteed. Electricity is based on order of registrations received

Vendor Agreement

- All Vendor Booth will be located at John C. Memorial Park, Page AZ.
- Booth set up begins at 3:00 pm and must be set up, staffed and ready to operate by 4:00 pm.
- The event will be held from 4-8 pm and the booths are to remain open this entire time. Tear down begins at 8:00 pm.
- This is an outdoor event and will not be canceled due inclement weather.
- Booth space is 10'x10' area.
- Vendors must provide all required equipment i.e. tables, chairs, shade and extension cords etc.
- Vendors are responsible for cleaning up their booth area and removal of all trash.
- Only one vendor or business per booth space. All vendors must conduct business in their designated booth space. Non-booth holders may NOT distribute merchandise or fliers of any kind.
- The City of Page will not be responsible for lost/stolen items or accidents or personal injuries.

Print Name

Signature

Date

This agreement is between the City of Page and the person (s) above known as the vendor.

For Office Use Only		
Authorized Signature:		Vendor Fee:
Food Handlers:	Temporary Food Service License:	Date Collected:
Amount Paid:	Receipt #:	