Food Vendor Conditions of Participation

Date:	
To:	
Address:	
City, State, Zip: _	

Dear [Vendor Name],

Welcome to the [Event Name] as one of our esteemed food vendors. We are excited to have you participate in providing delicious food to our guests. Please review the following conditions of participation:

1. Vendor Registration

All vendors must complete a registration form along with the required payment by [Deadline Date] to confirm their participation.

2. Health and Safety Regulations

Vendors must comply with all local health and safety regulations. Proper permits and licenses must be displayed at the vendor booth during the event.

3. Set Up and Tear Down

Vendors are allowed to set up from [Start Time] to [End Time]. Tear down must be completed by [Tear Down Time].

4. Profit Sharing

A percentage of your total sales will be contributed to [Event Name]. Details of the profit-sharing agreement will be provided in the vendor packet.

5. Liability Insurance

Vendors are required to have liability insurance coverage of at least [Amount] and must provide proof before the event.

6. Code of Conduct

By signing below, you agree to adhere to the conto a successful event together!	ditions outlined in this letter.	We look forward
Sincerely,		
[Organizer Name]		
[Organization Name]		
[Contact Information]		
Vendor Agreement		
Vendor Signature:	Date:	

All vendors are expected to conduct themselves in a professional manner and treat fellow

vendors and event staff with respect.