



# The Corporation of the Village of Salmo

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## Food Vendor Application Form

### 1. APPLICANT INFORMATION

NAME:	BUSINESS NAME:
MAILING ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
PHONE #:	CELL #:

### 2. Indicate what food items will be offered for sale:

Description (if a menu is available, please attach to the application)

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Chief Administrative Officer

*By signing this application, you are agreeing to the specific event terms of reference and will follow all relevant Village Bylaws and Policies.*

*The vendor application form must also be accompanied by a completed Business License Application for mobile vendor license.*