



## **PARTICIPANT APPLICATION FORM**

PLEASE NOTE: Submission of this application form does not guarantee admission as a Vendor. All applications will be reviewed by the event committee prior to acceptance.

Restaurant/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

As an official participant in the 2017 *Taste of Covina* event I agree to bring samples of the following items:  
*Please note, a minimum of two (2) items must be provided. Tastes should measure between 4 to 6 ounces.*

Item One: \_\_\_\_\_

Item Two: \_\_\_\_\_

By signing this form I also agree to bring all serving utensils, plates, cups and napkins needed for my samplings, in addition to a gift card valued at \$25.00 for the event 'Gift Tree'. I understand that the Chamber will provide me with two (2) six (6) foot tables and basic linens for me to utilize in my vendor space. In the event that I am unable to attend the event, I agree to notify the Chamber immediately so that a participant from the waiting list may be added.

List below the type and size of cooking equipment you will be bringing. This information is needed to meet Fire Department regulations:

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**PLEASE NOTE: YOU MUST INCLUDE A COPY OF YOUR MOST RECENT HEALTH PERMIT WITH THIS REGISTRATION FORM.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If you have any questions, contact the Covina Chamber office by calling 626.967.4191 or by emailing [chamber@covina.org](mailto:chamber@covina.org). We look forward to working with you!