

SRI LANKA FOUNDATION

## Food Vendor Application

Please fill all details and email/mail/fax the application. Checks to be made payable to "Sri Lanka Foundation"

Contact Name :			
Business Name :			
Address:			
City :	State :	Zip code :	
Phone Number:	Fax Number :		
Email Address :			
Have you participated ir () Yes () No	1 the Sri Lanka Foundations	s Sri Lanka Day food booth in the past?	
Please provide complet necessary.	e details of items you inter	nd to sell. Please use a separate sheet if	
I will be selling			
Food Vendo	r Booths are \$750.00 and No	on-Profit Food Booths are \$650.00	
	Booths are given on a first-co	ome-first served basis .	
To take part in S	Sri Lanka Day Expo all food ve	ndors must have a permit issued by the	
relev	ant authorities to handle, serve	e and sell food to the public .	
<b>O</b> Ihavethered	uired permit/license issued	by the relevant authorities to handle, serve	

and sell food to the public. I have attached a copy of it with this package.

O I do not have a license but will send Food Handlers Permit for consideration.



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## Please choose your method of payment

I am sending check#	in the amount o	f \$100 as a non-refundable fee for the
reservation of Food Booth #	OR Full/B	Balance payment for booth#
in the amount of \$	to Sri Lanka Foundation for Sri Lanka Day Expo 2015.	
I want to make payment in the amount of S	\$	as a non-refundable deposit for the
reservation of Food Vendor booth/s $\#$ _		OR Full/Balance payment
for booth/s #	in the amount of	with Paypal.
Visit Pay.SLF.LA		

Name of Applicant

Signature of Applicant

Date

Please mail, fax or e-mail completed form and payment to:

Address: Sri Lanka Foundation 1930 Wilshire Blvd. Suite 1100 Los Angeles, CA 90057

E-mail: shirani@srilankafoundation.org Tel: (213) 483-0126 Fax: (213) 413-1233