



Lompoc Outdoor Community Market Food Vendor Booth/Food Truck

Food Truck

Food Vendor

Name of Organization or Business: _____

Contact Person: _____

Address: _____ City/Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Dates Desired

Please list every individual Saturday below:

Months

Date(s)

Pay for 4 consecutive Saturdays in advance and receive \$20 off!

No refunds for no-shows or cancellations.

_____ 13' x 20' space with one vehicle, \$45/day _____ Food Truck \$45/day

_____ 13' x 13' space, \$25/day

I will be selling: _____

If selling tangible product, please provide your Seller's Permit #: _____

This can be obtained by calling the State Board of Equalization at: 1-800-400-7115

If selling prepared food, please provide your SB County Public Health Permit #: _____

This will be verified through the SB County Public Health Dept.

City of Lompoc Business Tax Certificate #: _____

This is also required for all vendors who have more than 2 dates reserved per fiscal year for the LOCM.

You can obtain this at the City Clerk's office at 805-875-8242

Completed application and payment must be made to the City of Lompoc Recreation Division no later than Noon the Friday before each reserved day, no exceptions!

City of Lompoc Recreation Division

125 West Walnut Avenue

Lompoc, Ca 93436

Fax: 805-736-5195 or E-mail: recreation@ci.lompoc.ca.us