



Prince Rupert Special Events Society  
 PO Box 306 Prince Rupert, BC V8J 3P9  
 1000 McBride Street  
 250-624-9118 Fax: 250-624-9218  
 prspecialevents@citywest.ca  
 www.prspecialevents.com

SEAFEST 2022 Theme: Surf's Up!

**FOOD VENDOR PERMIT APPLICATION**

Applying for:  Friday, June 10  Saturday, June 11  Sunday, June 12

Name of Business, Club or Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Include all your contact numbers for emergencies. We will contact you by email only for next Seafest.

Description and details of food you are selling or you will be providing:  
 \_\_\_\_\_  
 \_\_\_\_\_

Your venue is:  trailer (length \_\_\_\_\_)  tent (size \_\_\_\_\_)  other: \_\_\_\_\_

Location request: \_\_\_\_\_

- FEES: \$150**
- Your Temporary Food Permit or Mobile Permit copy is attached.
- Food Safe certificate copies are attached.

**RETURN THIS FORM TO: Prince Rupert Special Events Society**

INDEMNITY AGREEMENT

In consideration of this permit, I/we waive and release any and all rights of claim for damages, I/we may have or acquire against the Prince Rupert Special Events Society, Seafest Committee, or the City of Prince Rupert for any and all injuries and damages caused to or by me/us. I/we have read the rules governing this permit and agree to abide by same. I/we understand that failure to do so will void this permit and our fee will not be refunded. It remains the sole responsibility of our group/club/business, to act and govern ourselves in such a manner as to be responsible for our own safety.

I am responsible for obtaining the appropriate insurance in relation to the operation of my vendor operation for Seafest. Prince Rupert Special Events and the City of Prince Rupert are not responsible for injury or liabilities of any kind that may arise due to the operation of, or any persons associated with, my vendor operation during Seafest.

\_\_\_\_\_  
 Signature – Business/Club/Group Representative

\_\_\_\_\_  
 Print Your Name

.....  
Office Use Only

Date Received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**Permit received:**

- Temporary
- Mobile

FoodSafe rec'd: Name: \_\_\_\_\_ Name: \_\_\_\_\_

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