

Taste of La Verne

VENDOR
REGISTRATION
WEDNESDAY OCTOBER 16TH
WWW.TASTEOFLAVERNE.COM
DIRECTOR@LAVERNECHAMBER.ORG

Hosted at a NEW LOCATION! – Metropolitan Place: 2886 Metropolitan Place, Pomona, CA 91767

Restaurant Name:

Restaurant Address:

Contact Name:

Contact E-Mail:

Contact Phone:

Social Media Accounts Facebook:

Instagram@:

Company Website:

Featured Offerings

What will you be serving:

Available Supplies

Front table with (1) black linen	4 oz Portion Boats	4oz Cups	<input type="checkbox"/>	Check this box if you need a back table for prep
Utensils	Napkins	2oz Shot Glasses		

Authorized Signature:

Date:

Please complete the registration form and Los Angeles County Permit (Required for Food Festival Participants) and return to: La Verne Chamber, 2332 D Street, Unit E, La Verne, CA 91750 or email to director@lavernechamber.org

Exemption Certification for Community Events

EXEMPTION REQUEST FORM

A. COMMUNITY EVENT

Name of Event: _____ Date(s): _____

Address of Event: _____ City: _____ Zip Code: _____

B. VETERAN ORGANIZER OR FOOD BOOTH OPERATOR (Complete if Applicable)

Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Veteran Organizer

Veteran Food Booth Operator

C. NON-PROFIT TEMPORARY FOOD FACILITY VENDOR (Check Applicable Boxes)

Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Indicate exemption requested: FB-1 FB-2 FB-3

Provide a copy of Articles of Incorporation and proof of 501(C)3 status

D. FOR-PROFIT FOOD FACILITY DONATING ALL PROCEEDS

Food Facility DBA: _____

Mailing Address: _____

Owner's Name: _____

The undersigned hereby agree that **ALL** proceeds generated will be donated by for-profit* owner

to Non-profit association

E. SIGNATURE

I Declare and Certify under penalty of perjury, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.

Print Name: _____ Date: _____

Phone: () _____ - _____ e-mail: _____

Signature: _____

Please maintain a copy of the signed Exemption Certification on site during the event.

FOR DEPARTMENT USE ONLY

- Exemption Certification approved.
- Event Organizer does not meet the requirements for exemption certification.
- Temporary Food Facility operator does not meet the requirements for exemption certification.
- Expedited processing fee applies.

DPH EH Reviewer

Print Name: _____ Date: _____

Signature: _____

