



Food and Beverage Concessionaire Application

Contact Information

Name:	_____
Phone Number:	_____
Email Address:	_____
Street Address:	_____
City:	_____
State:	_____
ZIP Code:	_____

Business Information

Company Name:	_____
Years in Business:	_____
Type of cuisine:	_____
Do you have a current business license? Yes or no:	_____
Do you have current health inspection permits? Yes or no:	_____
Do you have a current Montgomery County Food Permit? Yes or no:	_____
Do you have liability insurance? Yes or no:	_____

Previous Experience

Please describe your previous experience with mobile vending below:

Please attach a sample menu and pictures of your operation and email a completed application to:

Ryan Del Vecchio
Event Operations Manager
Maryland SoccerPlex/ Discovery Sports Center
rdelvecchio@mdsoccerplex.org