

Rocky Boy Health Center (RBHC)
Food Vendor Request Form

Date of Application: _____

1. Vendor Name or Business Name: _____

2. Contact Person: _____

Phone Number: _____ Email: _____

3. Mailing Address: _____

4. Requested Date(s) of Sale: _____

Requested Time(s): _____

5. Proposed Sale Location (select from vendor map): _____

6. Type of Food/Beverages to be Sold:

7. Required Documentation (attach copies):

☐ Valid IHS Food Handler's Certificate for all food handlers

☐ Tribal Business License (if applicable)

8. Equipment to be Used On-Site:

(e.g., power cords, propane, tents, grills)

9. Do you need access to electrical outlets or water?

☐ Yes ☐ No If yes, please specify: _____

Acknowledgement:

I acknowledge that I have read and agree to follow the RBHC Food Vendor Policy. I understand that failure to comply may result in the denial or revocation of my permission to operate on RBHC property.

Vendor Signature: _____ Date: _____

RBHC Approval Signature: _____ Date: _____