



BBTB Food Vendor Registration

Food Vendor Fee Payable Prior to the event!

First Name

Last Name

Phone

Email

Name of Business / Food Vendor

Do you have a CA Health Department Permit?

Please describe what food you sell.

Please fill out and print this form then mail to:

UBNC
PO Box 165
Eureka, CA 95502

or email to ubncofhumboldt@gmail.com