

Food Operator / Vendor



State of Louisiana

Department of Health and Hospital
Office of Public Health
1033 Creswell - Shreveport, LA. 71101
Phone# 318-676-5265 Fax: 318-676-5033
Www. DHH.LA.GOV

Event Producer
Centerpiece-Presentation
Presenting
The Centerpiece Marketplace

Mail
P.O. Box 17885
Shreveport, LA. 71138
Fax: 318-603-1222

Event Venue Locations

City - [Louisiana]

Date/Time (Start)

Date/Time (End)

Your Name

Business Name

Home Address

Business Address

Home Phone

Business Phone

Permit info & Expiration Date

Food Items To Be Sold

All Boxes Mandatory

A check mark is your
Acceptance -you meet
these requirement

Food Products
For Sale
and
Price

Fire Safety Met

Sanitary

Fresh Food

Quality Products

Professionalism

Accept all Liability

I agree to abide by all the State of Louisiana Health Department Standards and Regulations, I agree it is my responsibility to be informed and to comply, I agree I am knowledgeable and in compliance with The State of Louisiana Department of Health Office of Public Health Rules, guidelines and regulations. and all other city and state regulation which qualify me as a vendor to service the public.

I Accept Sole Responsibility for the product and services presented and sold by me -I accept all and sole responsibility for my insurance requirement being met

I certify my provisions for sale are prepared and maintained in accordance with State Health guidelines - and valid insurance to meet city and state requirements I certify by my signature- to also certify my equipment and operations meets all City ,Parish and State regulations and will be operated in accord of regulations.

My participation in this Venue is as a voluntary Vendor, under no condition or circumstance will the event promoter or any representative of Centerpiece Presentation be held responsible for any product or products or service sold and/or provided my me. The Liability is solely mine and under no condition or circumstance is the liability for my products or services - conduct or actions, transferrable to the Centerpiece-Presentations.

Your Signature certifies you understand, accept and have met "ALL" City and State Requirement and accept and assume any and all responsibility and liability as it relates to you and all act and actions and related concerns as a vendor and participant.

Document Signature