

Vendor Information

Business name:		Business owner:
Street address:		City:
State:	ZIP/Postal code:	Phone:
Email address:		Website:
Facebook:		Instagram:
Years in business:		Logo: Click the gray square to upload your logo. If you are unable to upload your image to the form, please attach it to your email.

Please describe your story:

Please describe how your concept fits Element Eatery's vision:



Staff Information

Summarize who would be in charge of day-to-day operations:

Anticipated staffing levels:

Menu Information

What is your signature dish?

What are your top 3 best-selling menu items?

Price range:

Menu with prices:

Please return completed application to elementeatery@gmail.com.