



**Taste of Park Ridge**  
Food Vendor Participation Application  
1621 Habberton Ave.  
Park Ridge, IL 60068

Dean: 847 567-3326 or Dave: 708 822-1028 • FAX: 847-692-6807

To have your business added to our wait list please email, fax or mail this completed form to us.

**PLEASE PRINT CLEARLY**

Date

Business Name

Contact Name

Contact Phone #

Business Address

City, State, Zip

Email:

Fax:

Menu Items:

(Items you would like to sell at Taste, if you need more space print on a second page. All menus **must** be approved by the Taste committee.)

For more information please check our website at: <http://www.tasteofparkridge.com/>

Email us at: [info@tasteofparkridge.com](mailto:info@tasteofparkridge.com)

Or contact: Dean Patras C) 847 567-3326 Email) [dtp48@aol.com](mailto:dtp48@aol.com) Fax) 847 692-6807

Dave or Robin Iglow C) 708 822-1028 Email) [pinesapparel@gmail.com](mailto:pinesapparel@gmail.com)