



Interest/Orientation Registration Form

GENERAL

1. Are you an established food truck business? ☐ YES / ☐ NO
2. Are you a home-based food business? ☐ YES / ☐ NO
3. Name of Business:
4. Name of Business Owner/Operator:
5. Contact Information:
 - a. Phone: _____
 - b. Email: _____
6. Business Website or Social Media (if available):
7. Do you currently have a valid health permit and are an approved food truck vendor in Riverside County? ☐ YES / ☐ NO
If yes, please submit a screenshot of your business name on the [Active Mobile Food Facility list](#).
8. How did you hear about the program?
9. Which orientation session do you want to register for (choose one):
 - ☐ Thursday, March 20th @ 5:00pm - 6:30pm; Coachella Library 1500 Sixth St. Coachella, CA
 - or**
 - ☐ Monday, March 24th @ 2:00pm - 3:30pm; Coachella Library 1500 Sixth St. Coachella, CA

HEALTHY FOOD MENU

10. Please submit a screenshot of your entire menu.

11. Do you already have your healthy menu items created? ☐ YES / ☐ NO
(If no, go to Question 14)

12. Please list the name of the healthy menu items you will submit for review:

- 1.
- 2.
- 3.
- 4.
- 5.

13. Do you have a marketing plan to launch, promote, and drive sales for your healthy menu items? ☐ YES / ☐ NO

14. If you do not have your healthy menu items created, do you need coaching and support to help you create new recipes? ☐ YES / ☐ NO

15. If you do not have a marketing plan for your healthy menu items, do you want coaching and support to create a plan? ☐ YES / ☐ NO