

Street Eats on Saturdays Food Vendor Application

Company/Food Truck Name:

Address:

City: _____ State: _____ Zip: _____

Email Address:

Contact Name:

Phone: _____

Please describe the items you sell:

Are there any other provisions we need to know about?

What amount of space will be needed for your setup? _____

Street Eats on Saturdays will host two events this year. There is a \$50 fee for EACH event.

Please circle the date(s) below to indicate which events you will participate in.

April 13

September 21

Please include your vendor fee at the time of registration.

I/We are applying to participate in the Street Eats on Saturdays events.

I/We understand that I/We must apply to be considered for a space.

It is HIGHLY RECOMMENDED that you have your own generator and battery powered lighting on hand as there will NOT be power available for vendors.

I/We further agree to hold harmless the organizations, their officials, and all event volunteers overseeing this event in the event of injury or accident during our participation.

I/We understand that vendor application fees will not be returned unless cancellation is made in writing 48 hours prior by vendor or organizer.

ALL VENDORS MUST PRESENT A CERTIFICATE OF LIABILITY INSURANCE ALONG WITH AN UP-TO-DATE HEALTH INSPECTION PRIOR TO THE EVENT.

MOVE-IN DETAILS:

Vendors may commence setup AFTER check-in by officials at the site: 42 S. Lumpkin Street, Hawkinsville, GA 31036, starting at 3pm. Vendors are required to be on-site and fully set up by 4pm when the event commences. Vendors are required to stay on site until event ends at 8pm.

Please note that the security of vendor items is the sole responsibility of the vendors themselves; event organizers and volunteers are not liable.

The Street Eats on Saturdays event hours are from 4pm until approximately 8pm.

Space assignments will be provided upon arrival to each event. Vendors may not occupy the same space for each event. Designated vendor parking will be available onsite.

By signing this application, I agree to abide by all terms and conditions outlined above.

Print Name _____

Signature _____

Date _____

Send vendor applications and payment to:
Hawkinsville-Pulaski County Chamber of Commerce
P.O. Box 300
Hawkinsville, GA 31036

Contact Information:
Phone: 478-783-1717
Email: info@hawkinsvillechamber.org