Street Eats on Saturdays
Food Vendor Application

Company/Truck Name: _____

Address: _____

City_____State_____Zip_____

Email Address: _____

Contact name: _____

Phone: _____

Describe menu or items you sell.

_____
_____
_____
_____

Are there any other provisions we need to know about? _____
_____
_____

What amount of space will be needed for your food truck set up?

Street Eats on Saturdays will host 5 events this year in Hawkinsville. There is a $50 fee for EACH event.
Please check the box(es) below to advise which events you will participate in.
All events are from 4-8pm.

☐ Street Eats March 18

☐ Street Eats April 15

☐ Street Eats June 17

☐ Street Eats August 12

☐ Street Eats September 9

Please include your vendor fee at time of registration.

I/We are applying to participate in the Street Eats on Saturdays events. I/We understand that I/we must an application to be considered for a space. **It is RECCOMENEDED that you have your own generator and battery powered lighting on hand as there will NOT be power available for vendors at this event.**

I/We further agree to hold harmless the organizations, their officials and all event volunteers overseeing this event if an injury is sustained, or accident occurs during participation in this event by me or any member/ volunteer of our organization.

MOVE-IN DETAILS. It is understood that I/we may begin to move items into the designated space AFTER HAVING BEEN CHECKED IN BY THE OFFICALS AT THE SITE starting at 3pm. I/We understand that I/We am/are required to be on site and set up by 4pm when the event begins. I/We understand that security of the items in the space allocated to me, or my organization is not the responsibility of the organizers or volunteers of this event.

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

Space assignments will be made closer to each actual event date. You may not be in the same space for each event. There will be designated vendor parking on site.

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

BY SIGNING THIS APPLICATION, I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OUTLINED ABOVE.

_____

(PRINT NAME)

_____

(SIGNATURE)

_____

(DATE)

Call or e-mail us if you have questions!

Send vendor applications to:

Hawkinsville-Pulaski County Chamber of Commerce
P.O. Box 300
56 Broad Street
Hawkinsville, GA 31036

Contact us:

478-783-1717
info@hawkinsvillechamber.org