

World War II Commemorative Weekend

March 2nd & 3rd, 2019

FOOD VENDOR APPLICATION

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Amount of Space Required _____

Please check all that apply:

- I have attached a copy of the menu of items I intend to offer **(REQUIRED)**.
- I will be using a generator.
- I need access to electrical power. (There is fair access to 110v, limited access to 220v)
- I agree to remit, in advance of the event, a food vendor fee of \$125.00.

Applicant Signature _____

Complete & sign the State required short-term vending permit included with this application. You are welcome to bring these documents with you to onsite registration, or you may mail your completed application, short-term vending permit and your **\$125.00** fee to:

**Dade Battlefield Society
7200 Battlefield Parkway, Bushnell, FL 33513**

**PLEASE ADVISE NO LATER THAN FEB. 8, 2019,
IF YOU WISH TO REGISTER AS A FOOD VENDOR.**