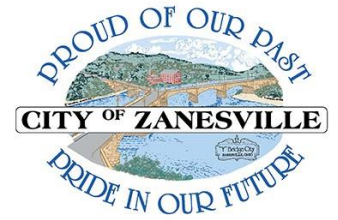


Mobile Food Vendor Application

Secret Summer Concert Series - 4:00 p.m. to 9:00 p.m.



Name of Applicant: _____

Type of Food: _____

Applicant's Address: _____

City, State, Zip Code: _____

Telephone Number: Home: _____ Cell: _____

Email Address: _____

Name of Business: _____

Please indicate date(s) you will be participating, cost is \$100 per event, **Payment is due PRIOR to the concert.**

June 2, 2022	
June 16, 2022	
June 30, 2022	
July 14, 2022	
July 28, 2022	
August 11, 2022	
Bonus event September 2	

Amount Due \$ _____

Checks can be made payable to The City of Zanesville

INSURANCE: Provide, "The City of Zanesville", with an insurance certificate evidencing liability insurance coverage with a \$1,000,000 combined single limit, naming The City of Zanesville, 401 Market St, Zanesville, OH 43701 as additional insured and promising to indemnify The City of Zanesville and to comply with all applicable laws, statutes, ordinances, and regulations.

ELECTRICAL NEEDS: Note all electrical needs on this application. Please list exactly what equipment you plan to bring and how much electricity you will need when operating that equipment. The City of Zanesville, electrical department, must approve all electrical requests. Vendors must provide the proper receptacles for their electric connections.

List of needs _____

**please note – limited vendor spaces available per concert due to power and space availability. All applications will be on a first in, first PAID basis. We will make an effort to have a variety of food vendors per concert. You will be notified as soon as possible if accepted for planning purposes.*

CANCELLATION POLICY: Once a vendor's participation has been confirmed by The City of Zanesville, there is no refund. In the event of inclement weather or the event is cancelled day-of, there are no refunds. The Secret Summer Concert Series is a rain or shine event. If inclement weather occurs, concerts will be held indoors.

Once you have reviewed the application, please sign and date below. Enclose payment and copy of insurance as listed above:

PRINT: _____

SIGNATURE: _____ DATE: _____



401 Market St, RM 204 ▪ Zanesville, OH 43701 ▪ 740-617-4909 ▪ swinland@coz.org

