

Savin Rock Festival Food Truck Application

July 27, 28, 29, 30, 2017

(Please note this is just an application for participation. If you are chosen to participate, a member of the Savin Rock Festival Committee will contact you with further details.)

Company Name _____

Vendor's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

CT. State Tax Number _____

Vendors must carry their own liability insurance. Vendors are not covered by the City of West Haven. A copy of the insurance policy naming the City of West Haven as additional insured must be turned in with your contract if you are chosen to participate in the Savin Rock Festival. It is the responsibility of the vendor to check with West Haven Building Department, Health Department and the West Haven Fire Department for any requirements that they may have. Failure to obey or pass inspection or requirements from the above departments will prevent the vendor from opening. There will be no refunds of your fees.

Requested items to be sold:

Type of generator

If given power, please specify what you would need (we have 20 amp circuits)

Signature of Vendor _____

Date _____

OFFICE USE ONLY

Date Received _____

Received By _____