## TOMPKINS CENTER FREEDOM FESTIVAL

## September 14 & 15, 2024 Food Vendor Application

Name				
Address				
City		State	Zip Code	
Email Addres	SS			
Phone Numb	oers Home	Cell		
not specifically items from you festival openir	y detailed in this application our menu to protect all the ver	contract. Tompkins Freedondors participating. ALL for Health Dept. and submit pro	end any item or conduct any activem Festival reserves the right to conduct concessions must be licensed of of liability insurance coverage	delete d prior to
FOOD ITEM (U	Ise back for additional items)	PRICE		
damages sust organization a the Tompkins all causes for are to provide canopy, gene	tained by any participant, his, arising out of this event Partic Freedom Festival, its agents action, claims, and demands whatever is needed for their	her/their heirs, successors cipants, by signing this entire and representatives and to of any nature whatsoever operation or presentation,	not be liable for any injuries, loss and assigns or any other person by form, hereby fully and forever r the Township of Tompkins from a arising out of this event. All parti including but not limited to tables om Festival takes place rain or sl	or release ny and icipants s, chairs,
Date:	Applicant Signature:			
Date:	Approved by:			
Make Checks	payable to: TOMPKINS CEN	ITER HISTORICAL SOCIE	TY (Due back by July 30th, 2	2024)
Proof of Lice Proof of Liab	Return Application (this form) Application (this form) Anse with the Jackson Cour Applity Insurance Application of the payable to Tompkins Ce			
Return to:	Tompkins Freedom Festi 9555 Minard Rd. Parma,		3 (home) 517-206-5043(cell)	

www.TompkinCenterHistorical.org