



# FOOD VENDOR APPLICATION

## 2009 Plain Township Bicentennial Celebration

Thank you for your interest and support of the Plain Township Bicentennial Celebration in 2009. It is because of you that the citizens of Plain Township have so much to be proud of. Please complete the following information and return this form to our offices.

Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**List each food item you intend to sell. (Items not listed below will not be permitted):**  
*(The sale of beverages is prohibited at this event. Please see Food Vendor Specifications & Contract)*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Size of Unit: \_\_\_\_\_ Type of Heat: \_\_\_\_\_ Is water needed?  YES  NO

Is electricity needed?  YES  NO Total Volts: \_\_\_\_\_ Total Amps: \_\_\_\_\_

If space is available are you interested in bringing another trailer?  YES  NO

If yes, please indicate type of concession: \_\_\_\_\_

**SPACE RENTAL FEE PER CONCESSION IS \$200.00.**  
**Please make checks payable to: "Plain Township Bicentennial Committee"**

Each unit must have a permit from the Stark County Health Department. A Certificate of Insurance and Liability must be included with your application. Certificate of Insurance must name "Plain Township Trustees" and "Plain Township Bicentennial Committee" as the co-insured. We understand that this application becomes a contract when signed by us and accepted by the Plain Township Bicentennial Committee. We agree to abide by the regulations governing this event.

Vendor Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign & mail to:**  
Plain Township Bicentennial Committee  
ATTN: Rick Campbell, Bicentennial Committee Chairperson  
2600 Easton Street NE, Canton, Ohio 44721  
PH: (330) 492-4689 FX: (330) 492-5136

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