2025 INDEPENDENCE DAY CELEBRATION MOBILE FOOD VENDOR APPLICATION



CONTACT INFORMATION:	
Name:	Business name:
Address:	
State: Zip:	County:
Phone:	Email:
Emergency Contact:	Emergency Number:
REGISTRATION:	
Cash, Check, or Credit Card accept	ed
☐ Early Bird Fee (Submitted by May	5): \$75.00 x number of spots= \$
☐ Standard Fee (Submitted between N	<i>May 6 and June 4</i>): \$100.00 x number of spots= \$
What is the length in feet of your for	ood truck (include vehicle pulling it):
ADDITIONAL INFORMATION:	
Please list products to be sold:	
The City of Paducah may use vend ☐ Yes ☐ No	or photos for marketing.
lease Attach a copy of ALL required	licenses and permits.
☐ Health Department Permit	□Fire Safety Inspection Permit
□City of Paducah Business License	

Our final Food Truck vendor deadline to turn in applications and agreements for the Fourth of July event is Tuesday June 4, 2025 by 4:30 pm. All paperwork can be brought by the Paducah Parks & Recreation office at 2701 Park Ave, Paducah, KY 42001, or emailed to tmorsching@paducahky.gov. *

***A concessionaire agreement must be signed with City of Paducah Parks & Recreation Department after your application and attached documents have been reviewed and approved. This will include proof of insurance with City of Paducah named as additional insured. ***

Paducah Independence Day Celebration Indemnification Agreement

I,hereby a	agree to release, defend, indemnify, and hold harmless the
City of Paducah, staff, volunteers, and community pa	artners from any claim, demand, suit, loss, cost of expense
or any damage which may be asserted, claimed or re	ecovered against or from the 2025 Independence Day
Celebration by reason of any damage to property, po	ersonal injury or bodily injury, including death, sustained
connected with the performance of this contract, and	ry or death arises out of or is incident to or in any way regardless of which claim, demand, damage, loss, cost of ace of the <u>City of Paducah</u> , staff, volunteers, and community, employees or factors of any of them.
SIGNATURE:	DATE:
WITNESS	DATE: