

2018 WAYNESBORO SUMMER JUBILEE

FOOD VENDOR AGREEMENT

Name: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-Mail Address _____

Vendor's Pennsylvania Sales Tax License Number: _____

Brief Description of Vendor's food: _____

Describe and Special Requirements: _____

For further information or if you have any questions, please call Randy Sellers (717) 414-4811.

Certification: I hereby certify that I have read the rules, regulations, and terms set forth above and agree to them and to abide by them. I certify that the statements made in the foregoing application are true and correct to the best of my knowledge, information, and belief. I have enclosed the prescribed fee of \$100.00 to reserve a space and I have attached a Certificate of Liability Insurance to this application.

Your Printed Name: _____

Signature: _____ Date: _____

Return this application, fee, and Certificate of Insurance to:

Waynesboro Summer Jubilee
118 Walnut St, Suite 111
Waynesboro PA 17268