

**2019 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 Vanessa Misner (717) 331-5577 or email [parktaavern08@gmail.com](mailto:parktaavern08@gmail.com)

**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 \$150.00/\$100.00 (single item) 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

