

Initial _____
Date _____
Amount Paid _____
Check/Cash _____

FAYETTE'S FOOD TRUCK FRENZY 2022 APPLICATION

Business Name _____

Business Contact _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

E-mail _____

Website _____

Indicate which date(s) you are requesting: Each event cost \$50 to participate.

_____ March 17: Kiwanis Park (11-2pm) _____ April 21: Kiwanis Park (11-2pm)

Upon notification of events accepted to, you may send ONE check to cover fees

Please indicate the length of your truck _____ ft.

Each truck must be self-contained

Please indicate the number of plates you can serve per hour _____

List all types of items for sale at the *Frenzy*. If the item is not listed on this application, you will not be allowed to sell it at the *Frenzy*. The *Frenzy* reserves the right to limit the number of vendors with similar items. All items will be under review. Vendors may only sell items which are listed on the application and have previously been approved.

Please be very specific (both food and drinks) and avoid generic "carnival food" as a description.

Unapproved or unlisted item offerings will result in immediate removal of the vendor from the event along with forfeiture of fees. If available please include your menu.

Item	Price

Any vendor serving food must meet and follow the food safety and handling requirements of the Fayette County Health Department and have in code, compliant and properly tagged fire extinguisher and a hand washing station on site. Contact the Fayette County Environmental Health Department at 770.305.5415 for specific food safety information.

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All vendors must submit a certificate of liability insurance with the Fayette Food Truck Frenzy and the Fayette County Board of Commissioners listed as additional insured.

All applications must be received by **February 14, 2022**. ***Only completed applications with signatures, the Release of Liability and Waiver Agreement, the Indemnity Agreement, and Certificate of Insurance, will be accepted.*** A \$35.00 charge will be assessed for all NSF returned checks. Please make a copy of the completed application and forms to keep for your records. Incomplete applications will not be considered. Upon notification of events accepted to, you may send **ONE** check to cover fees. **Make checks payable to Fayette County Parks & Recreation Department.**

E-Mail completed applications to recreation@fayettecountyga.gov. This is a juried event. Sending in an application does not guarantee acceptance. Vendors not selected will be placed on a waiting list and will be notified if an opening becomes available. Vendors will be notified of their acceptance.

For more information, contact: Fayette County Parks & Recreation Department at 770.716.4320.

This is a rain or shine event. No refunds will be given.

I HAVE READ THE VENDOR RULES AND RECEIVED A COPY OF THESE RULES AND REGULATIONS AND I AGREE TO ABIDE BY THEM. (All Rules and Regulations are listed below. Please keep a copy of your records.)

Signature _____

Date _____

Printed Name _____

Business Name _____

Initial _____
Date _____
Amount Paid _____
Check/Cash _____

RELEASE OF LIABILITY AND WAIVER AGREEMENT

I, (print name) _____, AGREE TO THE FOLLOWING:

That I am over eighteen years of age, and that I have read and understood this Release of Liability and Waiver Agreement.

That I hereby waive, release and discharge from any and all claims or liabilities for death, personal injury, property damage, theft, or damages of any kind, whether or not attributable to the negligence of Fayette County and/or any agents, successors, assigns, or employees of Fayette County which may arise out of my use of the facilities of the Fayette County Parks and Recreation Department.

That I do hereby agree to indemnify and hold Fayette County and/or any agents, successors, assigns, or employees of Fayette County from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgements, suits, proceedings, costs, disbursements, or expenses of any kind or nature whatsoever (including, without limitation, attorney's fees and experts fees and disbursement) which may at any time be imposed upon, incurred by or asserted or awarded against Fayette County and/or any agents, successors, assigns, or employees of Fayette County which relates to or in any way arises out of acts or omissions connected to my use of the facilities of the Fayette County Parks and Recreation Department, regardless of whether or not said acts or omissions were made by myself, my guests, or any vendors employed by myself in connection with my use of the facilities of the Fayette County Parks and Recreation Department.

Signature _____ Date _____

Printed Name _____ Business Name _____

INDEMNITY AGREEMENT

I, (print name) _____, AGREE TO THE FOLLOWING:

The use and reproduction of any and all photographs and/or video clips taken of me in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and Department websites, and in any other publications produced for the Fayette County Parks and Recreation Department.

The use of my name in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and Department websites, and in any other publications produced for the Fayette County Parks and Recreation Department.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Signature _____ Date _____

Printed Name _____ Business Name _____