Application Date _____
Amount Paid _____

City of Lake Helen
Vendor Application for City Events

NAME OF EVENT _____ DATE(S) OF EVENT _____

NAME BUSINESS_____ _____

ADDRESS _____

CITY _____ STATE_____ ZIP _____

BUSINESS PHONE _____ DAY OF EVENT CELL PHONE _____

EMAIL _____

DESCRIPTION OF BUSINESS/BOOTH _____

_____

_____

IF APPLICABLE, PERCENTAGE OF PROFITS TO BE RECEIVED BY THE CITY _____

INSURANCE POLICY NUMBER _____ TOTAL COVERAGE _____
Coverage combined single limit of $1,000,000 required for any claim injury or property. Coverage must name the City of Lake Helen as an additional insured.

FOOD VENDORS: Attach copies of Health Department Certification and Department of Business and Professional Regulation License.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I further understand this permit is issued for the privilege of engaging in the aforementioned activity ONLY at the location shown hereon or as stated herein. If any portion of this application is found to be false or misrepresented, such fact shall be just cause for immediate revocation of any permit issued as a result of this application.

_____ _____ _____
Signature of Applicant Print Name Date

_____ _____ _____
Signature of Gov. Event Organizer Print Name Date