

FULLERTON 4TH OF JULY

JULY 4, 2024

FOOD VENDOR APPLICATION



Event Location: Fullerton Downtown Plaza

Name of Business _____ Contact Name: _____

Contact Email: _____ Contact Phone: (_____) _____

Address: _____ City, Zip: _____

OC HEALTH PERMIT#: _____ CITY OF FULLERTON BUSINESS LICENSE#: _____

(YOU CAN APPLY FOR A ONE-DAY PERMIT,
CONTACT EVENT STAFF FOR MORE INFORMATION)

List ALL food and drink items to be sold (menu & pricing). Items not listed on application, cannot be sold. The Committee has final approval on any items sold in booth and on the grounds. Please include additional sheet if needed.

The City of Fullerton do not express or imply any endorsement of any product or service provided by any participating vendor.

Food Truck Vendor Booth

The City provides sufficient space for the vehicle and one (1) vendor vehicle entry pass.

Please select one of the following:

REGULAR REGISTRATION

FOOD TRUCK VENDOR (SPACE ONLY)

space for one truck only - \$250

VENDOR (SPACE ONLY)

10 X 10 - \$350

TRUCK DIMENSIONS

TOTAL AMOUNT DUE: \$ _____

MAKE CHECKS PAYABLE TO: CITY OF FULLERTON
CREDIT/DEBIT CARD PAYMENT: UPON APPLICATION APPROVAL

Electrical Services

Available at 1:30 p.m. the afternoon of the event. Power will be turned off at the conclusion of the event. Basic 110 electrical services are included. No lighting or extension cords are provided. ****NO GENERATORS ALLOWED****

MAIL APPLICATIONS TO: CHRISTIAN HERNANDEZ 303 W. COMMONWEALTH AVE., TUSTIN, CA, 92832
EMAIL APPLICATIONS TO: specialevents@cityoffullerton.com

Full payment, completed Health Department application, and documents must accompany this form. Applications are accepted on a first come, first served basis and must be approved by the Committee. **NO REFUNDS 10 DAYS PRIOR TO THE EVENT.** We hereby agree to abide by the rules and covenants set by the City of Fullerton and agree to protect, defend, indemnify, and hold harmless the the City of Fullerton, its elective & appointive boards, officers, agents, employees, and volunteers from all loss, damage, and claim resulting from this event.

Signature of Applicant _____ Date _____