



FOOD TRUCK FRIDAYS

Location: THE SQUARE Downtown Pinckney, MI 48169
(Mill Street, Livingston and Howell Street)

Contracted Food Vendor Application: Choose your availability, let us know when you can attend

- _____ Friday June 30, 2023; Noon – 8 pm
- _____ Friday July 21, 2023; Noon – 8 pm
- _____ Friday August 18, 2023; Noon – 8 pm

Application and Payment:

Limited spaces are available, and only completed applications will be accepted. Cost of the event is **\$150 for each Food Truck Friday.**

*One application per spot request please

Business Name: _____

Michigan Sales Tax #: _____

Contact Person First and Last Name: _____

Contact Person Phone Number: _____

Contact Person On site Phone Number if Different: _____

Street Address: _____

City, State & Zip Code: _____

Website: _____

Email Address: _____

Food Vendor Type of Food Offerings: _____

Are you:

_____ Food Truck (Vehicle which you will drive in and cook/serve out of that is not pulled by another vehicle)

_____ Do you serve out of the driver or passenger side (Please Circle) Driver Side / Passenger Side

_____ Food Trailer (Pulled by a vehicle that will be removed from the street)

_____ Tent Booth

_____ Willing to tape a laminated 8.5 x 11" sign on your unit if we can get a business to sponsor

Power Requirements:

Please note; per the Putnam Township Fire Department, generators are not allowed

_____ Yes, I will need 110v electrical outlet _____ NO, I will not need 110v electrical outlet

Electrical requirements and product mix will determine final acceptance and location. Only those outlets noted on original application will be available for your use during the event. In order to be fair to all vendors, no exceptions and no special accommodations will be made at the time of set up. ALL VENDORS MUST SUPPLY THEIR OWN POWER CORDS AND A MINIMUM OF 200 FT.

Health Department Licensing:

Are you currently licensed to operate? (Circle One) YES / NO

If yes what type of license do you have?

_____ Special Transitory Food Unit (STFU)

_____ Temporary Food Establishment (TFE)

_____ Mobile Food Truck

_____ MDARD (State License)

_____ Fixed (Location / Store Front)

_____ Cottage Food

A COPY OF YOUR LICENSE IS REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION. ALL VENDORS MUST FILE ALL NECESSARY PAPERWORK WITH THE LIVINGSTON COUNTY DEPARTMENT OF PUBLIC HEALTH WITHIN SEVEN (7) BUSINESS DAYS OF APPLICATION. Not sure if you are licensed properly, feel free to contact the Livingston County Health Department at 517.546.9820 for more information.

Liability Insurance:

Do you have liability Insurance? (Circle One) YES / NO

All food vendors must add the Pinckney Putnam Hamburg Hell (PPHH) / Greater Brighton Area Chamber of Commerce (218 E Grand River Ave. Brighton, MI 48116) as additional insured on your liability insurance. A copy of your certificate is required once application is accepted.

Special Notes and Comments:

Payment Remittance (\$150):

Two (2) payment options are presented below. Please choose one (1).

Option 1: _____ Enclosed Check in the amount of \$150 for one Friday, \$300 for two; \$450 for all three

All check should be made out to the PPHH Chamber of Commerce and sent to the following address:

**PPHH Chamber of Commerce
Attn: Michelle Tokan
218 E Grand River Ave
Brighton, MI 48116**

Option 2: _____ Please charge fee to my credit card – add fee amount \$_____

_____ VISA _____ Mastercard _____ Discover Card

Card # _____ Exp. Date: _____

3 Digit Verification Code _____ Zip Code Tied to Card _____

Signature: _____

Is the Billing address same as address used on application _____ YES _____ NO

If not billing address for the Credit Card:

Application Checklist:

_____ A Complete Menu is attached

_____ A Valid Sales Tax License is attached

_____ Current Photo of Booth / Truck / Trailer set up is enclosed. Front, side, and rear images are required

_____ If you are a STFU- a copy of your Livingston County Health Department License. Please initial here

_____ To indicate that you filed a Notice of Intent. Date Filed _____.

_____ All OTHERS- It is your responsibility to notify the Livingston County Health Department to let them know that you are planning to participate in this event. This must be done within seven (7) business days of your application. A copy of your license is required.

_____ Payment of Event Fee (\$150, \$300 or \$450)

_____ Valid and current certificate of insurance naming PPHH Chamber of Commerce (218 E Grand River Ave. Brighton, MI 48116)

I have read, understand and agree to the terms of the Contracted Food Vendor Information Sheet and Application.

Agreed to by (Printed Name): _____ Date: _____

Signature: _____

Please complete entire application and submit payment (Check should be made payable to the PPHH Chamber of Commerce) along with required documents to:

**PPHH / Brighton Area Chamber of Commerce
Attn: Michelle Tokan
218 E. Grand River Ave
Brighton MI 48116**

Email: michael@sfpinckney.com or michellet@brightoncoc.org

Any questions please reach out to Michael Szafranski: 517.449.9885 or Michelle Tokan 810.227.5086