



DOWNTOWN JAMESTOWN DEVELOPMENT CORPORATION

19 WEST THIRD STREET * JAMESTOWN, NEW YORK * 14701

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SPECIAL EVENT VENDOR APPLICATION FOR

DOWNTOWN CRUISIN'

Friday, August 15, 2008

Set-Up: 3:00pm

Hours: 6:00pm-11:00pm

DJDC MUST RECEIVE ALL APPLICATIONS NO LATER THAN [AUGUST 12, 2008](#)

VENDOR INFORMATION: *(please print)*

CONTACT NAME: _____ PHONE: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL: _____

Please make checks payable to: DJDC

FOOD VENDOR: _____

NON-FOOD VENDOR: _____

FEE: \$50.00

FEE: \$30.00

EQUIPMENT INFORMATION: *(please print)*

IF USING COOKING FACILITIES/EQUIPMENT, TYPE OF FUEL USED: _____
IS ELECTRIC REQUIRED: _____ VOLTAGE: 120V SERVICE SIZE (in amps): _____

**** Vendors are responsible for supplying any additional power over 120V. ****

SPECIAL REQUIREMENTS: _____

IF YOU DO NOT KNOW ABOVE INFORMATION, LIST AMOUNT AND TYPES OF EQUIPMENT:

TYPE OF GOODS SOLD: _____

TAX ID NUMBER/SOCIAL SECURITY NUMBER: _____

SPACE REQUIRED (in feet) FOR VENDOR AREA: _____

PLEASE LIST ALL EQUIPMENT INCLUDED IN VENDOR AREA (Vehicle, Trailer, Motor home, Tent, Etc.):

****ANY INCOMPLETE INFORMATION WILL RESULT IN A VOID APPLICATION****

NOTE:

1. DJDC WILL BE RESPONSIBLE FOR ANY CITY OF JAMESTOWN PERMITS, WHEN THIS FORM IS RETURNED TO DJDC
2. FOOD VENDORS ARE REQUIRED TO OBTAIN SEPARATE CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH PERMITS ON THEIR OWN
3. HYDRANTS SHALL NOT BE BLOCKED BY ANY VEHICLE OR CONCESSION
4. FUEL CONTAINERS MUST BE OF AN APPROVED TYPE AND SECURE
5. A SAFETY LANE MUST BE MAINTAINED AT ALL TIMES
6. NO GREASE OR SUBSTANCE OF ANY KIND CAN BE DISCHARGED UPON THE STREETS, SIDEWALKS, OR INTO THE STORM DRAINS AND SEWERS
7. PROOF OF INSURANCE IS REQUIRED TO PARTICIPATE IN EVENT
8. DJDC RESERVES THE RIGHT TO PLACE VENDORS IN A LOCATION THAT FITS THE NEEDS OF THE EVENT

A SIGNATURE ON THIS APPLICATION INDICATES THE VENDOR AND/OR THEIR REPRESENTATIVES WILL HOLD HARMLESS DJDC, THE CITY OF JAMESTOWN, EVENT SPONSORS, VOLUNTEERS, EVENT MANAGEMENT AND ANY OTHERS IN ANY WAY INVOLVED IN THIS EVENT. _____ (PLEASE INITIAL)

VENDOR SIGNATURE: _____ DATE: _____

***APPLICATION MUST BE ACCOMPANIED WITH APPROPRIATE FEE & PROOF OF INSURANCE**