



2022 GROVE BLOCK PARTIES VENDOR APPLICATION

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR CONTACT PHONE #: _____

Vendor must be available via phone during the event.

VENDOR EMAIL: _____

VENDOR WEBSITE: _____

VENDOR FACEBOOK PAGE: _____

VENDOR OKLAHOMA TAX COMMISSION NUMBER: _____

2022 Food Truck Event Schedule

<u>Date</u>	<u>Entertainment</u>	<u>Food Truck Fee</u>
5/6	TBA	\$40
6/3	TBA	\$40
6/10-6/11	Toes in the Grand Summer Kick-Off Festival *At Wolf Creek Park	\$100
7/1	TBA	\$40
7/3	Grove's July 3 rd Celebration *At Wolf Creek Park	\$100
8/5	TBA	\$40
9/2	TBA	\$40
10/7	TBA	\$40
Pay Individually, Total Cost ---		\$440
Pay All At Once - by 5/5 ---		\$400

Option 1) Include me in All Events _____

Option 1 a) I will pay all at once: _____

Option 1 b) I will pay ahead of each event individually: _____

Option 2) I request to be included in the following individual events, if space is available. I understand that food trucks participating in all events get space priority:

Brief Description of the Items You Propose to Sell:

Note: In order to avoid duplication, some proposed items may not be sold.

Any special needs/requirements? _____

Has Vendor ever been convicted of a felony? _____ Yes _____ No

If Yes, describe the nature of the offense and the punishment or penalty assessed: _____

After close review of the Vendor Application, I certify that the information provided is true and correct to the best of my knowledge. I acknowledge and authorize investigation of all statements contained herein. I understand that misrepresentation or omission of facts is cause for denial of participation in Food Truck Friday events.

Vendor Signature

Date

Include with this application (1) a copy of your Liability Insurance listing the Grove Convention & Tourism Bureau as additional insured and (2) the attached Oklahoma Health Department Food Vendor Special Event Form.

Applications should be returned to the Grove Area Chamber of Commerce at 111 W 3rd St, Grove OK 74344 or emailed to donniecrain.gacc@gmail.com.



GROVE BLOCK PARTY- GROVE, OK

Event Date(s) _____

Delaware County Health Dept
432 S. 9th St
Jay, OK 74346
Phone 918-253-4511
Fax 918-253-8419
AndreaBR@health.ok.gov

Attention: Andrea Rice

NAME _____

FOOD UNIT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

MENU _____

**HEALTH DEPARTMENT FOOD LICENSE NUMBER _____

SIGNED _____

****IF YOU DO NOT HAVE AN OKLAHOMA STATE HEALTH DEPARTMENT LICENSE,
YOU MUST BUY A TEMPORARY LICENSE FOR \$100 THE FIRST DAY OF THE EVENT.
PLEASE RETURN THIS FORM AND THE HEALTH DEPARTMENT WILL CONTACT YOU
REGARDING REQUIREMENTS FOR A TEMPORARY LICENSE.**

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Please complete and email, fax or return this form to the above address and the Health Department will contact you.

*****FOR HEALTH DEPARTMENT USE ONLY*****

APPROVED _____ DENIED _____

SIGNED _____ DATE _____