

Cronomer Valley Food Truck Festival

REGISTRATION FORM

Today's Date: _____ Event: 7/13/2024

Name of Food Business: _____

Name of Business Owner: _____

Mailing Address: _____

Contact Information: Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email Address: _____

Type of food to be prepared/served: _____

Please attach your Food Permit/Business License to this application.

Permit # _____ Expiration Date: _____

Enclose a check donation of \$100.00 made payable to Cronomer Valley Fire Department. Mail to 296 North Plank Rd, Newburgh, NY 12550 ATTN: Mike Pearson, Food Fest.

Signing this certifies the above information is correct and that you hereby agree to clean up your area after the event is over, leaving it free of any garbage, debris, or food product.

SIGNATURE: _____ Date: _____