TOMPKINS CENTER FREEDOM FESTIVAL

September 20 & 21, 2025 Food Vendor Application

Name				
Address				
City		State	Zip Code	
Email Addre	ess			
Phone Numl	bers Home	Cell		
not specificall items from yo festival openi	ly detailed in this application our menu to protect all the ver	contract. Tompkins Freedo ndors participating. ALL fo Health Dept. and submit pro	end any item or conduct any activity m Festival reserves the right to dele od concessions must be licensed p of of liability insurance coverage fo	ete rior to
FOOD ITEM (U	Use back for additional items)	PRICE		
damages sus organization a the Tompkins all causes for are to provide canopy, gene	stained by any participant, his arising out of this event Parti s Freedom Festival, its agents r action, claims, and demands e whatever is needed for their	her/their heirs, successors cipants, by signing this entres and representatives and the of any nature whatsoever operation or presentation,	not be liable for any injuries, losses and assigns or any other person of y form, hereby fully and forever rele ne Township of Tompkins from any arising out of this event. All particip including but not limited to tables, of om Festival takes place rain or shin	r ease and oants chairs,
Date:	Applicant Signature:			
Date:	Approved by:			
Make Checks	payable to: TOMPKINS CEN	ITER HISTORICAL SOCIE	TY (Due back by July 30th, 202	24)
Proof of Lice Proof of Liak	Return r Application (this form) ense with the Jackson Cour bility Insurance ck payable to Tompkins Ce			
Return to:	Tompkins Freedom Festi 9555 Minard Rd. Parma,		3 (home) 517-206-5043(cell)	

www.TompkinCenterHistorical.org