



Single event application

_____ Food vendor \$25
_____ Business/retail \$25

Name of Business: _____

Contact Person: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

_____ Type of food

_____ Type of business/retail

Please make your check payable to **City of Edgewater** and mail with this form to:

Special Events
City of Edgewater
P.O. Box 100
Edgewater, FL 32132

Contact
386-424-2400 ext. 1340
SpecialEvents@cityofedgewater.org



Thank You !