



Single event application

_____ Food vendor \$35

_____ Business/retail \$35

Event Name & Date: _____

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 add in the memo section which event and mail with this form to:

Special Events
City of Edgewater
1108 S. Ridgewood Ave.
Edgewater, FL 32132

Contact
386-424-2400 ext. 7207
bmatzek@cityofedgewater.org



Thank You!