



**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 !**