



# Tuskegee University

## Homecoming 2018 Vendors

October 19-20-2018

**All** Vendors will be located on the Downtown Square City of Tuskegee. Spaces 12x12 will be assigned when payments are received

**\$35.00 per day**

All Vendors that are not located on the square will pay \$100.00 per day and will need to contact the Health Department for food permit.

All food vendors that are part of Homecoming Event will need to fill out an Application for food permits. Applications can be picked up from the Revenue Department or downloaded from the City of Tuskegee's website [www.tuskegeealabama.gov](http://www.tuskegeealabama.gov)

**DEADLINE:** October 15, 2018 12:00 noon.

Revenue Department City of Tuskegee  
101 Fonville Street  
Tuskegee, Al 36083  
Hours 8:00-4:30 Monday - Friday

Contact: Pearl Dallas [pgdallas5@tuskegeealabama.gov](mailto:pgdallas5@tuskegeealabama.gov) 334-720-0543

George Middleton [gmiddleton@tuskegeealabama.gov](mailto:gmiddleton@tuskegeealabama.gov) 334-720-0531

### Application for Temporary Concession Food Permit

\*\*\* Applications for temporary events shall be submitted three (3) weeks prior to event start. Drawing of setup and equipment must accompany application. **Applications received after deadline may be denied.**

Date \_\_\_\_\_, 20\_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

#### Owner Information

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Home Phone: \_\_\_\_\_ Owner Fax: \_\_\_\_\_  
Owner Mobile Phone: \_\_\_\_\_

Type of setup: Mobile Trailer \_\_\_\_\_ Tent: \_\_\_\_\_  
Water Source: Provided: \_\_\_\_\_ Carried to Event: \_\_\_\_\_  
Sewage Disposal: Provided: \_\_\_\_\_ Self Disposal: \_\_\_\_\_ How Disposed? \_\_\_\_\_

#### Menu Information

List all items to be sold at event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.**

Signed \_\_\_\_\_  
Title \_\_\_\_\_

#### For Health Department Use Only

Application Approved  With Special Conditions \_\_\_\_\_  
 Application DENIED because: \_\_\_\_\_  
Application Approved By \_\_\_\_\_ Permit Number Issued \_\_\_\_\_  
Date Permit Effective \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ Date Permit Expires \_\_\_\_\_