

Preference date for applications: May 20, 2025

Safe Summer Kickoff Vendor Application

NEW this year! Your cost to participate is one product or service worth \$50 or more.

	Business / orga	nization r	ame	
Vendor/exhibitor full name			Job/role/title	
	Address, city,	state, ZIF)	
Work/office phone	Cell phone (rec	uired)	EIN (nonprofits)	
	Email address	required		
Name of any paren	t or partner organization	, or contr	actor, assisting you at the event	
Name, title, and co	ntact information for key	person(s) assisting you at the event	
	Type of vend	dor		
☐ Direct sales (over the counter)			Indirect sales (taking orders/leads)	
☐ Exhibitor (not selling/display only)			Food vendor (requirements below)	
	Vending / exhib	it area		
□ Table	□ Tent □ S	tand	☐ Food truck	
minimum coverage amount of scoverage. Required: please in Certificate of insurance Copy of American National	\$1,000,000 per occurren nclude with the followin e onal Standards Institute	ovide an oce, and ing three	original Certificate of Insurance with a neluding commercial general liability documents with this application.	
☐ Current business licens	se of mobile food licerise	e in the ci	ty, town, or village where you operate.	
EMAIL this application to:	Monica Regan, m	onica@r	estorationministries.net	
	or: Cheretha Gaston, or MAIL it		a.gaston@cedaorg.net rvey Neighborhood Network	
		253 E	Restoration Ministries E. 159th St. ey, IL 60426	
Signature of applicant			Application date	
Staff name - review and approval		Date of staff approval		