



2024 SINGLE EVENT APPLICATION

_____ Food Vendor \$50

_____ Business / Retail \$50

Event Name/Date _____

Name of Business _____

Contact Person _____

Mailing Address _____

Email Address _____

Phone Number _____

_____ Type of Food

_____ Type of Business / Retail

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

CITY OF EDGEWATER - SPECIAL EVENTS

1108 S. Ridgewood Ave.

Edgewater, FL 32132

Contact: Special Events

(386) 424-2400 ext. 7207

SpecialEvents@cityofedgewater.org

Thank You!



FINANCE DEPARTMENT - INTERNAL USE ONLY

SEPARATE BATCH: ① Cash Out - Special Events (SE) ② Original to Back Up ③ Receipt to Parks & Recreation