WATERFORD RECREATIONS AND PARKS COMMISSION

FOOD TRUCK PERMIT REQUEST
Summer Concert Series 2024

Name of Vendor/Individual:_____

Phone: _____ Email: _____

Website: _____

Emergency Contact and Phone:_____

Circle Date/s Requested: June 19th 26th July 3rd 10th 17th 24th 31st August 7th 14th 21st

Location of Use: Waterford Beach Park, 305 Great Neck rd. Waterford, CT 06385

Purpose of Use:_____

Compliance Checklist: Please include the following when handing in this request

- **Applicable licenses (Food Handling, Ledgelight, etc.) copied and on file with WRP Main Office**
- **Insurance Requirements**
- **Permit is to be displayed and on hand when operating on the property**
- **Signed understanding of rules and regulations for Waterford Parks and Properties**
- **Supplied list of offerings and pricing**

AGREEMENT:
I have read and understand the rules and policies as established by the Waterford Recreation and Parks Commission. To the best of my knowledge, the above statements are true. It is understood and agreed that by signing this agreement, the undersigned and/or represented group will adhere to the policy and regulations of the Town of Waterford, Recreation and Parks Commission as stipulated. The undersigned further understands that the Town of Waterford, Recreation and Parks Commission is not responsible for any claims now or in the future, for any personal injuries or property damage resulting from the activity. The undersigned agrees that the town of Waterford and its agencies are held harmless from any such claims or damages. It is further understood that certain uses or activities may require the presentation of a certificate of proof of liability insurance, naming the Town of Waterford as additionally insured.

Signature of Vendor:_____

- - - - - - - - - - - Below to be filled out by Waterford Recreation and Parks representative - - - - - - - - - - - -

Permission Granted By:_____

Title:_____Date:_____

WATERFORD RECREATIONS AND PARKS COMMISSION

PERMIT

Name of Group/Individual:_____

Date Requested:_____Time:_____To:_____

Location of Use:_____

Purpose of Use:_____

Permission Granted By:_____

Title:_____Date:_____

Mail to: 15 Rope Ferry Rd Drop off: 24 Rope Ferry Rd. Waterford Recreation and Parks Waterford, CT