



Name: \_\_\_\_\_

Name of Food Truck/Trailer : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TRUCK / TRAILER INFORMATION**

Size & Dimensions of Food Truck / Trailer: \_\_\_\_\_

Power Requirements: \_\_\_\_\_

**CHECKLIST OF THINGS TO INCLUDE WITH YOUR APPLICATION**

- Two pictures of your food truck / trailer
- Copy of your Ohio Food Service Operational License
- Copy of a W9
- Menu with pricing for approval  
*All menu items will need to be approved by JAC Food & Beverage Management Group*

**PLEASE LIST ANY DATES THAT YOU ARE UNAVAILABLE (MAY – SEPTEMBER 2019)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT COMPLETED APPLICATION TO TIFFANY KOMA AT [tkoma@covellicentre.com](mailto:tkoma@covellicentre.com)**