



TRUCK AND TRACTOR DAY Application

City of Lakewood

October 14, 2023 12 – 3 PM

Fort Steilacoom Park
8714 87th Ave SW, 98498

Name of Business: _____

Authorized Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Alternative Phone Number: (____) _____

Email Address: _____

Please Select All That Apply:

We are: BRINGING A TRUCK / TRACTOR: yes: ___ no: ___ Number of Vehicles we are bringing: _____

Type and Size of Vehicles (Description): _____

We are: MARKET CANOPY: 10 'x 10' (\$20): ___ 10' x 20' (\$40): _____

Product Sales Description: _____

We are: FOOD CANOPY: 10 'x 10' (\$20): ___ 10' x 20' (\$40): _____

Menu Items: _____

We are: FOOD TRUCK (\$40): Truck Size: _____ Side Serve From: _____

Menu Items: _____

Generator Size and Location: _____

We are: DISPLAY / NON-PROFIT (no fee): We are bringing truck/tractor/vehicles yes: ___ no: ___

Size of Total Display Space Needed: _____

Please provide proof of following liability insurance to the City of Lakewood by October 1:

For trucks: Commercial Auto Liability Insurance with limits of \$1 million per occurrence & \$2 million aggregate, with the City of Lakewood listed as an additional insured.

Waiver of Liability Release & Hold Harmless

I assume all risks and hazards incidental to such participation including any damage or loss to myself, my employees/volunteers, my booth and/or my inventory. I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Lakewood, City of Lakewood Parks, Recreation and Community Services Department, event partners, supervisors, staff and volunteers for any claim arising from injury to myself, my staff/volunteers and/or my belongings. Furthermore, in case of any emergency, if I should require medical attention, I give permission for a City of Lakewood representative, or the representative's designee, to secure the emergency medical attention required. Any direction to the contrary should be attached to this form and signed. I agree that pictures taken during the program hours may be used for promotional purposes. By signing here I am stating that I have read, understand and agree to the liability and hold harmless release.

Signature: _____ Date: _____

For Credit Card Payment:

Name On Card: _____ Card Number: _____

Expiration Date Month: _____ Year: _____ CVV/CVC: _____

For Questions or Payment Contact:

Sally Martinez or Lani Neil
Lakewood City Hall: 6000 Main Street SW, Lakewood WA 98499
smartinez@cityoflakewood.us, lneil@cityoflakewood.us
253.983.7758