



# Brunswick Summer Celebration

P.O. BOX 324, BRUNSWICK, OH 44212  
330-220-1111

[www.summer-celebration.com](http://www.summer-celebration.com)

## 2017 FOOD CONCESSION APPLICATION (6 Day)

BUSINESS NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

STANDARD FOOD SPACE (15' frontage x 20' depth) @	\$ 530.00	_____
BRUNSWICK, BRUNSWICK HILLS RESIDENTS' OR BUSINESS DISCOUNT	-10%	_____
ADDITIONAL FOOTAGE PER FOOT @	\$ 25.00	_____
110 VOLT ELECTRIC PER AMP @	\$ 2.50	_____ (MIN. \$50.00)
220 VOLT ELECTRIC PER AMP @	\$ 4.00	_____ (MIN. \$80.00)
SUPPLY TRUCK ELECTRIC @	\$ 60.00	_____
NIGHTS CAMPING PER NIGHT @	\$ 15.00	_____

TENTS, TABLES & CHAIRS ARE  
AVAILABLE FOR RENT FROM B.S.C. CALL  
FOR PRICES

CLEAN UP FEE	\$15.00	_____
WATER HOOK-UP	\$15.00	_____
<b>TOTAL</b>		_____

**Make checks payable to Brunswick Producitons Inc.**

PLEASE LIST, IN THE PRIORITY TO BE SOLD, ALL FOOD AND BEVERAGE ITEMS YOU WISH TO SELL.  
**ANY ITEMS NOT LISTED WILL NOT BE CONSIDERED ELIGIBLE FOR CONSIDERATION BY B.S.C.**

- |           |            |
|-----------|------------|
| 1.) _____ | 8.) _____  |
| 2.) _____ | 9.) _____  |
| 3.) _____ | 10.) _____ |
| 4.) _____ | 11.) _____ |
| 5.) _____ | 12.) _____ |
| 6.) _____ | 13.) _____ |
| 7.) _____ | 14.) _____ |

PLEASE LIST ALL ELECTRICAL EQUIPMENT YOU WILL BE USING (EXAMPLES: Roasters, Ovens, Refrigerators, Freezers, Etc.)  
 INCLUDE ALL VOLTAGES (110 OR 220) AND WATTAGE USED FOR EACH

- |           |           |
|-----------|-----------|
| 1.) _____ | 5.) _____ |
| 2.) _____ | 6.) _____ |
| 3.) _____ | 7.) _____ |
| 4.) _____ | 8.) _____ |

ELECTRICAL SERVICES WILL BE PROVIDED TO YOU BASED ON THIS INFORMATION.  
 IF ADDITIONAL ELECTRIC IS REQUIRED DUE TO UNLISTED EQUIPMENT, YOU WILL BE CHARGED AS STATED ABOVE

THE UNDERSIGNED AGREES TO HOLD HARMLESS: BRUNSWICK PRODUCTIONS INC.,  
 THE BRUNSWICK SUMMER CELEBRATION COMMITTEE AND ITS MEMBERS, AND THE BRUNSWICK BOARD OF EDUCATION  
 FOR ANY DAMAGES OR INJURIES INCURRED AS A RESULT OF THIS CONTRACT.

I HAVE READ AND AGREE TO ADHERE TO THE CONTRACT AND THE ATTACHED RULES AND REGULATIONS.

**A COPY OF YOUR LIABILITY INSURANCE POLICY MUST BE ON FILE BEFORE JUNE 1st - \$1,000,000.00 MIN.  
 INSURANCE POLICY MUST ALSO LIST: BRUNSWICK PRODUCTIONS INC. AS ADDITIONALLY INSURED**

**PLEASE INCLUDE A PHOTO OF YOUR CONCESSION FOR REVIEW**

NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_

or by mail to: [concessions@summer-celebration.com](mailto:concessions@summer-celebration.com)  
 BRUNSWICK SUMMER CELEBRATION  
 P.O. BOX 324  
 BRUNSWICK, OHIO 44212