



## Restaurant Participation Agreement

Friday, August 28th, 2020 6:00 until 9 PM  
Setup begins at 4, food will be served 6 to 8 PM.

Restaurant/Catering Service Name: \_\_\_\_\_

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

Type of Cuisine/Menu: \_\_\_\_\_

Describe samples offered to promote your restaurant and how you plan to present these items to the public:

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

How many participants from your company will be present? \_\_\_\_\_

Night of the Event Contact Person: \_\_\_\_\_

Phone Number for Contact: \_\_\_\_\_

Please check the services you will need:

- 10' x 10' tent
- Ice
- Electrical hook up

To meet City of Franklin and Insurance requirements for this event, all that serve food or drink will be required to provide a current certificate of insurance naming "City of Franklin -109 3<sup>rd</sup> Ave S. Franklin, Tn 37064" and "Rotary Club of Franklin- PO Box 1557 Franklin, Tn 37065" as Additional Insured Certificate Holder.

Person responsible to sign this agreement: (Please print)

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed Agreement to: [info@FlavorOfFranklin.com](mailto:info@FlavorOfFranklin.com).