



**FRIEDMAN PARK**  
EVENT CENTER

# Vendor Application

## Vendor Information

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

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

Website: \_\_\_\_\_ Facebook.: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Services Provided: \_\_\_\_\_

## Main Contact

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

## Documentation

*Vendors must provide the following items for our records.*

Completed/Signed Application	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Indiana Business Licenses	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Warrick County Food Permit (Caterers)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
General Liability Insurance	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Indiana Liquor License & Insurance (Liquor Vendor)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>



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**Warranties**

The Vendor Represents and warrants that

- A. Vendor has been given a copy of the Friedman Park Event Center Rules and agrees to comply fully with such Rules
- B. It is fully qualified to perform its Vendor services and will perform the services in a timely, accurate and competent manner in accordance with the professional standards of the industry
- C. Is duly organized, validly existing and in good standing under the laws of the State of Indiana

**Disclaimer and Signature**

*I am requesting to become an approved vendor at the Friedman Park Event Center.  
By signing this application, Vendor agrees to all the facility policies and rules that can be requested or that have been provided to Vendor.*

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