



Brunswick Old Fashioned Days, Inc.

P.O. BOX 571, BRUNSWICK, OH 44212
(330) 220-1111

WWW.OLDFASHIONEDDAYS.COM

2012 FOOD CONCESSION APPLICATION

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

_____ STANDARD FOOD SPACE (15' frontage x 20' depth) @	\$ 400.00	_____
_____ BRUNSWICK, BRUNSWICK HILLS RESIDENTS' OR BUSINESS DISCOUNT	-10%	_____
_____ ADDITIONAL FOOTAGE PER FOOT @	\$ 20.00	_____
_____ 110 VOLT ELECTRIC PER AMP @	\$ 2.00	_____ (MIN. \$40.00)
_____ 220 VOLT ELECTRIC PER AMP @	\$ 3.00	_____ (MIN. \$75.00)
_____ SUPPLY TRUCK ELECTRIC @	\$ 25.00	_____
_____ NIGHTS CAMPING PER NIGHT @	\$ 15.00	_____

TENTS, TABLES & CHAIRS ARE
 AVAILABLE FOR RENT FROM B.O.F.D.
 CALL FOR PRICES

CLEAN UP FEE _____ \$15
 WATER HOOK-UP _____ \$15
TOTAL _____

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.O.F.D.

- | | |
|-----------|------------|
| 1.) _____ | 9.) _____ |
| 2.) _____ | 10.) _____ |
| 3.) _____ | 11.) _____ |
| 4.) _____ | 12.) _____ |
| 5.) _____ | 13.) _____ |
| 6.) _____ | 14.) _____ |
| 7.) _____ | 15.) _____ |
| 8.) _____ | 16.) _____ |

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 OLD FASHIONED DAYS COMMITTEE, INC., 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 OLD FASHIONED DAYS INC. AS ADDITIONALLY INSURED

PLEASE INCLUDE A PHOTO OF YOUR CONCESSION FOR REVIEW

NAME _____
 TITLE _____
 DATE _____

PLEASE RETURN THIS APPLICATION NO LATER THAN June 1st TO
 KEVIN SCHEMIRICH at info@oldfashioneddays.com
 or by mail to: BRUNSWICK OLD FASHIONED DAYS
 P.O. BOX 571
 BRUNSWICK, OHIO 44212