Date form received: ____



___Confirmation sent/ copy kept:____

Touch a Truck ~ Feed a Family Saturday, October 2, 2021 11 AM to 3 PM



Food Concession Application

Comt	aat Nama				
Busi	ness Name:				
Addr	ress:				
City:		Zip:	Phone	:	
Emai	il:				
<u>NOTE</u>	E: City of Longview C	atering permit req	uired for all food	l trucks	
<u>Food</u>	Description:				
**I w	vill be serving				
in my		, I understand that	<mark>t food trucks mus</mark>	t be in place no later t til the event closes at .	
	**Canopies, tables a	& chairs <u>ARE NOT</u>	provided. Please	e feel free to bring you	r own!
I,			, agree to p	participate as a conces le Longview Mall.	
	Signature		C	Date	

Completed application should be mailed to LCM via: Robin Fruia, P.O. Box 1023, Longview, TX 75606 Or FAX to (903)753-0515