Date form received: ____



___Confirmation sent/ copy kept:____

Touch a Truck ~ Feed a Family Saturday, October 3, 2020 11 AM to 3 PM



Concession Application

Contact Name:			
Address:			
City:	Zip:	Phone:	
Email:			
City of Longview Catering	; permit required		
Concession Categories:			
Non- Profit Agency Other			
**I will be serving			
		in my reserved space at TAT (please list all)	
•		d. Please feel free to bring your own!	
	, aį	gree to participate as a concession in the LCM Toucl gview Mall.	1a
Signature		Date	
Best way to contact me is:			

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