

HILLSBOROUGH HIGH SCHOOL

HOMECOMING TAILGATE • VENDOR APPLICATION

FRIDAY, OCTOBER 16 • 3:30 PM–8:00 PM
5000 Central Avenue, Tampa, FL 33603 | HOSTED BY CLUB BOOSTER

VENDOR INFORMATION

Business / Vendor Name: _____	Contact Person: _____
Phone: _____	Email: _____
Business Address: _____	City / State / ZIP: _____
Social Media / Website: _____	Vendor Type: _____

VENDOR REQUIREMENTS — REQUIRED FOR APPROVAL

- Current vendor/business license or applicable occupational/business tax receipt.
- Certificate of Insurance (COI) showing current commercial/general liability coverage.
- Food vendors: applicable food-service/health permit(s), if required by law.
- Any additional permits required for your product, service, electrical equipment, cooking, or temporary setup.
- Vendors must comply with all Hillsborough High School, school-district, fire-safety, health, and event-site requirements.

SETUP & EVENT DETAILS

Requested Space / Footprint:	■ 10×10 ■ 10×20 ■ Other: _____
Electricity Needed?	■ No ■ Yes — equipment: _____
Cooking / Heat / Flame?	■ No ■ Yes — describe: _____
Vehicle / Trailer On Site?	■ No ■ Yes — type/size: _____
Expected Arrival / Departure:	_____ / _____

PRODUCT / MENU / SERVICE DESCRIPTION

Please list all products, menu items, services, or merchandise you intend to offer:

VENDOR AGREEMENT & ACKNOWLEDGEMENT

By signing below, I certify that the information provided is accurate and that I will provide all required licenses, permits, and insurance documentation before participating. I understand that submission of this application does not guarantee acceptance. I agree to follow all event rules and applicable laws, maintain a clean and safe vending area, properly dispose of waste, and comply with directions from event organizers and school/site personnel. Vendors are responsible for their own equipment, staffing, merchandise, sales-tax obligations, permits, and insurance. Food and other regulated vendors are responsible for obtaining and maintaining every permit required for their operation.

Authorized Vendor Representative: _____	Date: _____
Signature: _____	Phone: _____
Application Submitted To: _____	Date Received: _____

SUBMISSION CHECKLIST • APPLICATION + LICENSE + COI + APPLICABLE PERMITS