



**Ticonderoga FallFest**  
**Saturday, September 28th, 2024**  
**5:00 – 8:00 PM**  
**RESTAURANT FORM**

<b>Office Use Only:</b> Date Rcvd: _____ Initials: _____ Notes: _____
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**Business Name** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Sales Tax ID or SS #** \_\_\_\_\_ **Notes/Needs:** \_\_\_\_\_

**Description of menu to be sold:** \_\_\_\_\_

\_\_\_\_\_ **Price range of items:** \_\_\_\_\_

**NO FEE FOR LOCAL RESTAURANTS TO PARTICIPATE**

**Space is limited; first come, first served... Get your application in quickly to reserve your spot!**

For more information regarding the event visit [www.timainstreet.org](http://www.timainstreet.org) or contact the Chamber Office.

**Return your completed application to:**

Ticonderoga Area Chamber of Commerce, 94 Montcalm Street, Suite 1, Ticonderoga, NY 12883  
 518-585-6619 – [tmsp@timainstreet.org](mailto:tmsp@timainstreet.org) or [emullen@ticonderogany.com](mailto:emullen@ticonderogany.com)

**IMPORTANT INFORMATION FOR RESTAURANTS:**

**Certificate of Liability Insurance is required (1 naming the Town of Ticonderoga as the insured and another naming the Ticonderoga Montcalm Street Partnership as the insured). This event will take place in Percy Thompson Bicentennial Park from 5:00 PM to 8:00 PM. Set up will begin at 4:00 PM (DO NOT arrive earlier) and must be completed by 4:45 PM. Food vendors may only offer what is listed on this application as the committee only allows two vendors with the same food products. All applications must be approved by the committee. All participants must park in the assigned vendor parking areas. Restaurants are expected to arrange their space in such a manner as to not impact access by other restaurants or the ability of buyers or emergency personnel to move freely. Restaurants must provide their own canopies/tents and tables as well as chairs for their personal use. Restaurants are responsible for cleanup; all materials brought in must be removed at the end of the event. All decisions/rules made by the committee are final. All NYS Guidelines will be followed and enforced.**

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

*\*By signing above, I agree to follow all rules and regulations from the committee as well as follow all guidance from the committee.*