

Come celebrate our  
**10TH ANNUAL RUN!**  
**aidthesilent**  
**5K ★ 10K**  
**WALK or RUN**

**ONLY 3 SPACES AVAILABLE - \$100 EACH**

# FOOD VENDOR APPLICATION

**FOOD TRUCK REGISTRATION DEADLINE:**  
**MAY 18, 2024**

**JUNE 1, 2024**

**— 8AM » BOERNE MAIN PLAZA —**

## FOOD VENDOR

Business/Food Truck Name

Contact Name

Address or PO Box

City State Zip

Phone

Email

**Do you have:** ☐ Facebook ☐ Twitter ☐ Instagram

☐ Other: \_\_\_\_\_

## VEHICLE INSURANCE

A copy of your health permit and insurance is required at the time of submission.  
Your truck will be required to have an on-site fire extinguisher that has been serviced  
in the past year.

Company/Year of Vehicle

Policy Number

Driver's License # Driver's License State

## FOOD TYPE

*\*Full menu will be requested at acceptance*

Type of Food/Goods to be sold

**Do you have a permanent health certificate/mobile  
vending permit with the City of Boerne?**

☐ Yes ☐ No

Permit # Date issued

Name on permit

## FOOD TRUCK DETAILS

Type of Food/Goods to be sold

**Which side is your service window located?**

☐ Driver's Side ☐ Passenger's Side

Size of Vehicle/Cart

License Plate #

**Do you accept credit cards at your truck?**

☐ Yes ☐ No

**Which Cards:**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Presented by



**CHRIS CHEEVER**

Fill out completely & return  
FOOD VENDOR APPLICATION FORM by **MAY 18, 2024**

# 100 PAYMENT

## CONTACT US

info@aidthesilent.com or 210-868-6616

## PAY BY CHECK

**Make checks payable to:** Aid the Silent

**Check memo:** 5K Sponsorship

### Mail to:

Aid the Silent  
8126 Broadway  
San Antonio, TX 78209

## PAY BY CREDIT CARD

By supplying the following information, your credit card will be charged for the full fee, as per your application, upon your acceptance as a vendor for the 2024 Aid the Silent 5K race.

Business/Food Truck Name

**Method of Payment** ☐ Check ☐ Cash ☐ Credit Card

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

## Credit Card Information

Name as it appears on credit card

Card Number

Exp. Date

CVV

Billing Address of Credit Card Holder

Print Name

Applicant Signature

Date

## AGREEMENT

I have read and understand and will abide with Aid the Silent's (ATS) general information, procedures, rates and conditions.

By signing this application, I acknowledge that in consideration of acceptance of this entry, I and anyone entitled to act on my behalf waive and release ATS, the City of Boerne, all sponsors and assisting agencies from all claims or liabilities of any kind arising from participation in this event.

I understand that ATS is reserving a space for my business, which has limited availability. In the event that I cannot make it or am ejected during the event, I understand that I will not be given a refund and will be held legally accountable for my actions. I grant permission to be photographed and/or videotaped for media usage.

- ☐ I understand and agree upon submission and acceptance from the ATS, my food vendor application fee of \$100 is non-refundable.
- ☐ I understand the selling of alcohol is strictly prohibited. Failure to comply will result in immediate removal from event.
- ☐ I understand I am responsible for providing all necessary power and equipment for food vending operations. ATS will not provide any power/amps.

Applicant Signature

Date

Print Name

The above named has read and understands the general information, procedures and conditions and seeks admission as a concessionaire.



Learn more at  
**aidthesilent.com**