



FOOD VENDOR APPLICATION

Event: Big Dreams | **Date:** August 22 | **Time:** 8:00 am – 2:00 pm
Location: Stinson Park – Aksarben Village, Omaha | **Hosted By:** Connected Roots Care Center

BUSINESS INFORMATION

Business Name: _____

Contact Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Website / Social Media Links: _____

VENDOR TYPE (Select One)

- Food Truck (\$100)
- Stand-Alone Food Vendor (\$50)

MENU INFORMATION

Type of Cuisine: _____

Full Menu (please list items you plan to sell): _____

Price Range: _____

Will you be selling beverages? (Yes/No): _____

If yes, please list: _____

(Note: Duplicate cuisine types will not be accepted.)

SETUP & OPERATIONS

Dimensions of Truck/Booth (including trailer & hitch if applicable): _____

Power Source (generator type, battery, propane, etc.): _____

Number of Staff On-Site: _____

Do you carry general liability insurance? (Yes/No): _____

PERMITS & INSURANCE

- I have a current Douglas County yearly mobile food permit
- I will obtain a temporary Douglas County food permit
- I understand that permits must be secured at least two weeks prior to the event
- I will provide a copy of my insurance if accepted into 2026 Big Dreams

Permit Number (if available): _____

PHOTO SUBMISSION CONFIRMATION

I understand I must email 3–5 labeled photos the same day I submit this application. Photos can be emailed to events@crccomaha.org

Email Address photos are sent from: _____

AGREEMENT

By submitting this application, I understand:

- Payment is due upon acceptance
- No power is provided
- Menu items are subject to approval
- Duplicate cuisine categories will not be accepted
- All permits are required in advance and a copy is to be sent to Big Dreams if accepted as a vendor.

Signature: _____ Date: _____