



City of Choctaw

Vendor Application

P.O. Box 567
2500 N Choctaw Rd
Choctaw, OK 73020
Main: 405-390-8198
Fax: 405-390-8607

EVENT: _____

Name of Organization _____

Mailing Address: _____

City _____ State _____ Zip _____

Contact Phone _____

Contact Name _____

Email _____

Type of Vendor _____

Is electricity needed? **yes / no** Number of outlets _____
circle one

Voltage _____

DISCLAIMERS:

You are not covered by any City of Choctaw liability insurance policy.

It is your responsibility to obtain any temporary license for food trucks/booths.

I have read and understand the above disclaimers.

Signature _____ **Date** _____

Vendor fee is \$ _____.

Return applications to Choctaw City Hall or email to sdrake@choctawcity.org.

OFFICE USE ONLY

Date paid _____ Payment Method cash check # _____ card type _____

R# _____ Clerk initials _____