

**City of Clarkson 4<sup>th</sup> Annual  
Clarkson Park Springfest Food Truck Rental Agreement  
(270) 242-6997, Ext. 1  
Clarkson City Park @ 700 Old Leitchfield Road  
Saturday, May 9, 2026**



- Complete and sign application, with cash or check payable to the “City of Clarkson” and return to Clarkson City Hall or mail to P.O. Box 10, Clarkson, KY 42726.
- Provide a brief description of the truck and what is being sold.
- Have an up-to-date City of Clarkson Business license (Business licenses are available at City Hall for \$50.00 annually from September 1 – August 31). Licenses are prorated for a new business during the license year.
- Be responsible for their own insurance policies - Food vendors must be in compliance with all local, state, and federal regulations including health department regulations.
- Be responsible for collecting and reporting any applicable City and County Occupational Taxes.
- All vendors are responsible for disposing of their garbage and cleaning up. Vendors are responsible for any/all damage to property.
- Vendors will pay a \$100.00 booth fee. Cash or check only.
- **KRS 200.139(2)(a) requires the City of Clarkson to submit the names and addresses of ALL food vendors to the Kentucky Department of Revenue for collection by the state of 6% sales tax on all items sold at the Springfest.**
- The undersigned agrees to indemnify and hold harmless the City of Clarkson and their agents and employees from and against all claims, damages, losses, lawsuits, costs, judgements, and expenses of any nature of description arising out of the use of the premises by any person whatsoever. Also, to obey the rules as listed above. Failure to do so will result in termination of this agreement and of future use.

BUSINESS/ORGANIZATION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESCRIPTION OF FOOD TRAILER: \_\_\_\_\_

ITEMS BEING SOLD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY OF CLARKSON REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Submitted: \_\_\_\_\_

Cash: \_\_\_\_\_ Check # \_\_\_\_\_

Contacted for Setup \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_