



# 67<sup>th</sup> ANNUAL FOUNDERS DAY

## FOOD TRUCK VENDOR APPLICATION

**DATE:** Saturday, March 14, 2026, from 3:00 p.m. – 9:00 p.m.  
**DUE DATE:** Friday, February 27, 2026  
**DESCRIPTION:** Opportunity for food trucks to provide food for event – expected attendees 3,000.  
**LOCATION:** Brian Piccolo Park, 9501 Sheridan Street, Cooper City, Florida 33024  
**FEE:** \$150.00 - No refunds or rain date

**PAYMENT REQUIRED UPON SUBMITTING APPLICATION**

**FOOD TRUCK NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SELF CONTAINED VEHICLE SIZE:** \_\_\_\_\_

**PROPOSED FOOD TRUCK ITEMS:** \_\_\_\_\_

**Electrical Use:**  Yes  No

Electrical Power:  Generator  Temporary Power Drop  Property Power

**Gas Fueled Equipment:**  Yes  No

Fuel Sources:  \*Propane gas  Natural gas  Diesel fuel  Gasoline

\*Propane use will require an additional \$25.00 on-site inspection fee

**Cooking Equipment Use:**  Yes  No

Types:  Fryers  Propane Grills  Charcoal Grills  Concession Trailer  
 Warmers  Sterno

**Participants are to register with Broward County via provided URL**

<https://webapps6.broward.org/ParksVendorRequests> **Vendor Code: D1F195**

**Continued on back**

**Waiver For Adult**

As a participant in a City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as a user of any City facility, premises or equipment, I hereby voluntarily assume the risk of any loss, injury or damage to myself or my property which in any way arises out of the use of such facilities, premises or equipment or participation in such activities or events, which said loss, injury or damage is sustained while upon said facilities or premises, using such equipment, participating in said events or activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the City and its agents, servants and employees, arising from said loss, injury or damage and do covenant not to sue City or its agents, servants and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or in part by the negligence of City or by the negligence of the agents, servants, or employees of the City.

I hereby give permission for the City to call my physician and/or arrange for emergency medical service technician response or for transportation to a hospital, in the event of any injury or illness to myself, although I understand that the City assumes no responsibility to do so.

READ, UNDERSTOOD AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Witnessed By: \_\_\_\_\_

**Print/Electronic Media Release**

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant/Parent/Guardian Signature: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

**Return to:**

**Attn: Parks & Recreation Department  
9000 SW 50th Place, Cooper City, FL 33328  
Email: [SFraino@coopercity.gov](mailto:SFraino@coopercity.gov)  
**Drop off forms & Payment to the Community Center**  
9000 SW 50th Place, Cooper City, FL**

**Staff Contact: Stephanie Fraino | 954.434.4300 or [Events@CooperCity.gov](mailto:Events@CooperCity.gov)**