



RESTAURANT APPLICATION

Friday thru Sunday
August 14-16, 2020

DATE: _____

CONTACT NAME: _____ TITLE: _____

COMPANY / ORGANIZATION NAME: _____

OMAHA RESTAURANT NAME (S): _____

NUMBER OF YEARS IN OPERATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL: _____ WEBSITE: _____

Please describe the type of food items that you would offer and return your application as soon as possible. A menu form will be sent out at a later date for a detailed list of what you will have at the Taste of Omaha. Your application will be reviewed and space will be assigned subject to approval.

FOOD ITEM (S):

BRIEF DESCRIPTION OF RESTAURANT / FOOD PRODUCTS: (Please attach any further information that may be helpful, such as a copy of menu, published articles, etc.)

PLEASE COMPLETE AND RETURN TO:

Mike Mancuso
Event Manager
TASTE OF OMAHA
7015 Spring Street
OMAHA, NE 68106-3518

Phone: (402) 346 - 8003
Fax: (402) 346 - 5412
E-mail: info@showofficeonline.com
Website: www.tasteofomaha.info