

FOOD VENDOR APPLICATION/CONTRACT

2017 PODUNK BLUEGRASS FESTIVAL

Wednesday, AUGUST 9 THROUGH SUNDAY AUGUST 13, 2017

1. Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

E-Mail: _____ Website: _____

2.

a. Vending Vehicle : _____ (Truck, Van, Cart, Table, etc.)

b. Vending and/or storage vehicle(s):

MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE (STATE/NUMBER) _____ / _____

Continue listing on back of this sheet if necessary. We must have information on ALL vehicles/trailers used in order to issue your parking passes. Vehicles without parking passes will not be allowed access.

* Vendor ***will not*** be allowed to park vehicles in vending area other than the specified vehicle used to vend from or during set-up and takedown:

Number of spaces requested per site - EACH SPACE HAS A 10" FRONTAGE.

Number of space(s): _____

Electrical needs, please be specific: _____ Volts _____ Amps \$65.00 _____

Water needs, please be specific: _____

TOTAL AMOUNT ENCLOSED: \$200 per booth non-refundable deposit_ \$ _____

Please make checks payable to: **PODUNK BLUEGRASS FESTIVAL.**

NOTE: SITES ARE AVAILABLE ON A FIRST COME FIRST SERVE BASIS. Set-up may take place on Tuesday, however no sales may be made until after all inspections and approval is met.

4. List items for sale. (Attach separate sheet if needed. Be specific - do not use, etc., accessories, or such vague terms). INCLUDE PRICE OF ITEMS SO WE MAY PROVIDE INFO AT FUNNY MONEY WINDOW

5. List All Staff that will be working your booth: _____

6. CONNECTICUT SALES TAX NUMBER: _____

Food Vendors: The Festival uses "Funny Money; or "Podunk Bucks". We will pay you 80% in cash or check the following day, once your "bucks" have been counted. UNDER NO CIRCUMSTANCES ARE FOOD VENDORS TO ACCEPT CASH. SPOTTERS WILL BE CHECKING ALL FOOD VENDORS THROUGHOUT THE FESTIVAL. ANY VENDOR CAUGHT ACCEPTING CASH WILL BE ASKED TO LEAVE THE FESTIVAL IMMEDIATELY AND WILL NOT BE PAID FOR ANY Funny Money IN THEIR POSESSION.

Food Vendors are responsible for securing their own health department license from the Chatham Health District.

I would like to set-up on
Tuesday, August 8 between 10 AM and 6 PM _____ Wednesday, August 9 between 9 AM to 8 PM _____
Thursday, August 10 between 10 AM to 1 PM _____ Must be set up by 1 pm as final inspection time.

A \$1,000,000 CERTIFICATE OF INSURANCE MUST BE RECEIVED WITH THIS APPLICATION/ CONTRACT or A MINIMUM OF 35 DAYS PRIOR TO THE FESTIVAL. Please list the Hebron Lion's Club and Podunk Bluegrass Music Festival as additionally insured. You must also forward photos of your booth/set-up.

Vendor states that the above information is true and will make no claims against PODUNK, its Board, the Hebron Lion's Club, Town of Hebron, and any individual, organization associated with PODUNK. By my signature below, I understand and agree to the terms and regulations of this application/contract and its attached information and requirements page and agree to keep my vending area clean during the festival, remove my trash after the festival, and to refrain from dumping any waste into any drainage system. I understand that I must stay until the end of the event of approved time by the Festival Committee.

Signature Date

TO RESERVE YOUR AREA, this COMPLETED application/contract form, your check for the full vending fee, separate checks for each site clean-up fee, **MUST** be mailed and postmarked no later than June 30, 2015. Application will be taken on first come first served basis. Your certificate of insurance must be received **A MINIMUM OF 35 DAYS PRIOR TO THE FESTIVAL. If fees, certificate of insurance and/or pertinent information are missing, your application will not be accepted.**

**Please mail application/contracts to:
PODUNK BLUEGRASS FESTIVAL 106 Moose Horn Road, Northfield, CT 06778**

OFFICE USE ONLY: Number of Spaces _____ Electricity Needed _____
Chatham Health District LICENSE#: _____
Vendor Fee Received: Date _____ Amount \$ _____ Check # _____
Electricity Fee Received: Date _____ Amount \$ _____ Check # _____