



36th Annual Sugar Loaf Fall Festival
Columbus Day Weekend October 11, 12, 13 2008 10am- 6pm

APPLICATION FOR FOOD VENDOR

A certificate from the Orange County Board of Health is required for this festival.

YOUR NAME: _____ NYS TAX ID _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

TYPE OF FOODS SOLD (You may only sell what you list here): _____

Electric hook up required? : _____ YES _____ NO # of connections? (\$35 Fee ec) _____

Booth Size: _____ Booth Type: _____

Please include at least 1 picture, slide, print of your booth set up. **(Required)**

Do you have proof of liability insurance coverage while operating at an outdoor event/festival? Y/N

Please read and sign the release below. Return this application along with picture(s) or CD with images and description of your booth, food sold and payment. Important: Label your submissions with your name and phone number and indicate if you want the items returned to you. If you do not have pictures of your booth, please include a complete description of your setup.

If you are chosen to participate in the Fall Festival, an information packet will be mailed to you along with the notification of your acceptance.

If you are not chosen to participate this year (spaces are limited), if requested your materials will be returned to you and your payment (minus application fee) will be returned.

Payment & Materials Checklist: (Separate checks for each item please)

_____ \$10 Application Fee

_____ \$375 booth fee per 10'x10' space / for all 3 days (\$350 if submitted by 8/15)

_____ \$35 electric hookup / per line

_____ Photos / Slides of booth (or CD with images)

_____ Copy of your Orange County Board of Health Certificate

Mail to:

Fall Festival / Food Vendors
Sugar Loaf Chamber of Commerce
P.O. Box 125 Sugar Loaf, NY 10981

If you have questions about this application please **email:** info@sugarloafnychamber.com.
Acceptance notice and locations will be awarded on a first come first served basis and space is strictly limited so submit your application as soon as possible. Thank you!

RELEASE STATEMENT

By signing below I agree to consider this application a commitment if accepted and to abide by all rules set forth by the Fall Festival Committee of the Sugar Loaf Chamber of Commerce. I also understand and agree to the following: No items are to be sold that were not listed on my application and approved by the Fall Festival Committee. If my booth is at any time deemed to be unsafe or inappropriate for the festival audience by any member of the committee, I may be asked to cease all sales immediately. The use of music, video or AV equipment is not permitted without prior written permission. The Sugar Loaf Chamber of Commerce and all members including the festival committee are not responsible in any way for personal injuries, property damage or theft which may occur to me or my associates as a result of my participation in this festival. All images presented in photos or taken during the festival may be used for promotional purposes by the Sugar Loaf Chamber of Commerce or its members. The committee reserves the right to reject any application. I am responsible for collecting NYS sales tax, I will have and display proper health certificates and I am solely responsible for all food I sell. My booth will be properly attended for all three days of the festival from 10am – 6pm and my booth area will be kept clean and safe. No refunds will be issued for any reason including rain, bad weather or events that adversely affects the festival.

Signature _____ **Date:** _____

Printed Name _____ **Business name** _____

FF Committee Use Only

Date Received: ___ / ___ / ___ Accepted? Y/N _____ Returned Items? Y/N _____

Notification Sent _____ Info Packet Sent _____ Publicity Packet Sent _____