



# 2010 Blue Jeans & BBQ Food Vendor Application

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Work# \_\_\_\_\_ Home# \_\_\_\_\_ Fax# \_\_\_\_\_

Type of operation:  Tent  Trailer

TOTAL SIZE: \_\_\_\_\_ Number of outlets needed: \_\_\_\_\_

IT IS SUGGESTED THAT LARGE TRAILERS BRING THEIR OWN GENERATORS.

## Food Vendor Agreement, Information and Regulations

- Food Vendor space is limited and will be sold on a first come first serve basis.
- Booth space is 20x20 and the cost is a flat rate of \$100.00. There is a suggested donation of a percentage of your sales to Covenant Hospice.
- Vendor must provide everything they require for their operation.
- Vendor must carry liability insurance and any permits or licenses required and must comply with all State, Santa Rosa County and City of Milton regulations.
- Vendors must be in compliance with all Board of Health Regulations.
- Vendor agrees to sell only the items described in this application. Failure to do so will result in violation of agreement, and a fine may be imposed and vendor may be removed without reimbursement.
- Food Vendors will receive four (4) vendor passes.
- Vendors may load in Saturday, October 23, 2010 at 11 a.m. Set-up must be complete by 3:30 p.m.
- No food vendors will be allowed to serve alcoholic beverages.
- Interested vendors must return the signed agreement, description of food items with pricing and vendor application along with \$100.00 payment to Ashley Kahn at 6479 Caroline Street, Suite B, Milton, FL 32570. Please make checks payable to Covenant Hospice.
- You will be notified via letter by Sept. 30 of your acceptance or rejection. If not accepted, your fee will be returned.

I understand all rules and regulations above. I agree not to hold Covenant Hospice responsible for damages, losses or injuries that may result from our attendance and participation in the 2010 Blue Jeans & BBQ event. I further certify that proper insurance is in place to cover any liability that we may incur as a result of our attendance and participation in the event. **No refunds will be made in case of rain or other natural disaster. Upon approval of application all fees are non-refundable.** I understand that my business is subject to Florida Sales Tax, where applicable, and that food vendors may be inspected by the Health Office.

Signature of Owner or Manager \_\_\_\_\_ Date \_\_\_\_\_

## **Description of Food Items and Price**

Please provide a full description of your menu AND the price.

1. \_\_\_\_\_ Price: \$ \_\_\_\_\_

2. \_\_\_\_\_ Price: \$ \_\_\_\_\_

3. \_\_\_\_\_ Price: \$ \_\_\_\_\_

4. \_\_\_\_\_ Price: \$ \_\_\_\_\_

5. \_\_\_\_\_ Price: \$ \_\_\_\_\_

6. \_\_\_\_\_ Price: \$ \_\_\_\_\_

7. \_\_\_\_\_ Price: \$ \_\_\_\_\_

8. \_\_\_\_\_ Price: \$ \_\_\_\_\_

9. \_\_\_\_\_ Price: \$ \_\_\_\_\_

10. \_\_\_\_\_ Price: \$ \_\_\_\_\_