

Food Vendor Application

Vergas Street Fair

Friday Evening, Saturday & Sunday, August 10-12, 2018

Booth fee is **\$100**, with an additional **\$50.00 deposit**. The deposit will be returned uncashed if you leave your space as clean as it was when you arrived. If you fail to clean up garbage, spillage, grease or other unsightly messes, we will cash your check and use the \$50.00 for cleaning costs. Events run 9:30 Saturday morning until after the parade on Sunday. You are invited to set-up on Friday evening if possible.

The Food Court is limited to **10 booths**. We respect our local restaurants and look for vendors who offer varieties of food different from what is already offered in town. This allows visitors to enjoy both inside and outside selections.

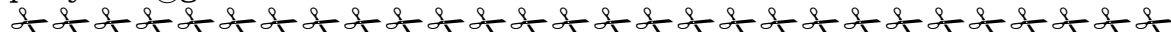
Electricity is available. No generators are allowed. 220v outlets are limited.

You will need to bring your own **water** for cooking and clean-up.

All food vendors must carry their own **insurance** for product and personal liability. Send a certificate of insurance with your application clearly showing expiration date, amount of coverage and having the Vergas Area Community Club as second insured.

To participate in this event, all food vendors must have a **state health permit** and agree to comply with normal safe food handling rules and regulations. If payment and proof of insurance is received and your merchandise meets the criteria of the Vergas Street Fair guidelines you will promptly receive notice of acceptance.

Send separate checks for booth fee and deposit, payable to **Vergas Community Club**. **Mail application, proof of insurance and fees to:** Vergas Street Fair, c/o Patty Klatt 32125 County Hwy 4 Vergas, MN 56587. For more information e-mail pattyklatt@gmail.com.



Name _____

Business Name, if applicable _____

Mailing address _____

Phone _____ and e-mail _____

Booth size and type _____

Set-up preference Friday ___ Saturday ___ I require 110v ___ 220v ___

Brief description of food: _____

I agree that I am responsible for my own insurance and sales tax.

I affirm that I am following all Minnesota State Health Regulations.

Signature

Date