

Food Vendor Application

Vergas Street Fair

Saturday & Sunday, August 15-16, 2015

Booth fee is **\$100**, with an additional **\$50.00 deposit**. The deposit will be returned un-cashed 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 Tanzy Kratzke, 29004 460th Street, Vergas, MN 56587.

For more information, call 218-342-2589 or e-mail vergaslooneydays@gmail.com.



Name _____

Business Name, if applicable _____

Mailing address _____

Phone _____ 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 in compliance with all Minnesota State Health Regulations.

Signature

Date