

Forks of the Wabash Pioneer Festival Food Application

FESTIVAL TIMES: Saturday, 10:00 A.M. - 6:00 P.M. Sunday, 10:00 A.M. - 5:00 P.M.

PLACE: Huntington County Fairgrounds, 631 East Taylor Street, Huntington, Indiana 46750

Name of Organization: _____

Person in charge of booth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Food / Beverage items to be sold: _____

What is your approximate day and time of arrival: _____

VENDOR FEE: \$150.00 plus 10% of Gross Sales (10% Gross Sales fee is due by October 1st)

ELECTRICAL FEE:

110 V – Number Required _____ AMPS _____ X \$10.00 = _____

220 V – Number Required _____ AMPS _____ X \$25.00 = _____

BALES OF STRAW WILL NOT BE ALLOWED AROUND FOOD BOOTHS

A FOOD HANDLER'S PERMIT WILL BE REQUIRED FOR ALL FOR-PROFIT ORGANIZATIONS. THIS PERMIT MUST BE ON SITE FOR THE BOARD OF HEALTH TO VERIFY. NONPROFIT GROUPS WILL BE EXEMPT FROM THE FOOD HANDLER'S PERMIT. YOU MUST SEND IN PROOF OF INSURANCE AS WELL.

Please include a diagram of your booth area with dimensions. Also complete the Health Department Food Permit located under the drop box "Vendor Info" on the website, then "printable application" listed as "Food Permit – Health Dept."

All food vendors must be set up by 9:00 a.m. Saturday for inspection by festival chairman at 9:15 a.m.

I HAVE READ THE **FESTIVAL REQUIREMENTS (UNDER DROP BOX "VENDOR INFO") FOR PARTICIPATION AND AGREE TO ABIDE BY THE POLICIES AS STATED. I AGREE THAT THE FORKS OF THE WABASH PIONEER FESTIVAL SHALL NOT BE RESPONSIBLE OR OTHERWISE HELD TO ANSWER FOR ANY DAMAGES THAT THE VENDOR OR HIS EMPLOYEES SUSTAIN AS A RESULT OF INJURY TO THEIR PERSON OR PROPERTY WHILE PREMISES ARE OCCUPIED UNDER THIS AGREEMENT.**

Signature: _____ Date: _____

TOTAL FEE DUE WITH APPLICATION BY JULY 1ST. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. MAKE CHECKS PAYABLE TO THE "FORKS OF THE WABASH PIONEER FESTIVAL."

MAIL APPLICATION, PROOF OF INSURANCE, AND CHECK OR MONEY ORDER TO: Forks of the Wabash Pioneer Festival, Attn: Food Vendor Application, PO Box 187, Huntington, IN 46750 * Mail health Department Food Permit to the address on the Health Permit with application fee.

FESTIVAL REQUIREMENTS

Please carefully read the Festival Requirements located on this website under the drop box "Vendor Info." By signing your application, you agree to follow these requirements as well as any others stated by the committee.