2025 SENFEST - FOOD AND RETAIL VENDOR

Official Application

Sunday, July 13, 2025, 9am-9pm

*Please make sure that you provide all information legibly. An incomplete or illegible form may delay the review of your application.

Business "Vendor" Name:				
Contact Person(s):				
Mailing Address:				
Street or PO Box	City		State	Zip
Phone – Best:	Alternate:	Ot	:her:	
E-Mail- Best:	Other (if applicable):			
State/Use Tax ID:				
Have you been to Our festival before? Yes:		rs who wish to use erials (i.e., gasoline for		
Do you use a trailer for your concessions? Yes	s: No: If yes, please gi	ve the size of	_	and propane) must the Statewide Fire
your trailer & provide photo of trailer: Please list any special set-up needs:	-ARIGINI	ΛΙ		de and are subject to
Please list any special set-up needs:	OMOIN	AL	inspection b	y the Fire Marshal.
	rvice Request		Note the Early	bird deadline for 2025.
 Every booth must be approved by vendor co Vendors are responsible for supervising their 		ırs.	,	'ENDOR FOOD FEES:
• You are responsible for bringing your own e	_	300 if paid by 5/15/25		
 own electrical power cord of sufficient lengt Food (including baked goods) and beverage Food vending is only allowed at Ellsworth D 	es are to be sold by food vendo	•		\$350 after <mark>5/15/25</mark>
CLEAN-UP DEPOSIT FEE: A separate check to		ENDOR RETAIL FEES:		
exceptions!			10x10 : \$	150 if paid by 5/15/25 \$200 after 5/15/25
Booth Space Amount: \$ + Cl	ean-up Deposit Amount: \$_			CLEAN-UP DEPOSIT:
= TOTAL AMOUNT D	UE: \$			Aust be separate check)
Please make checks p and mo 7764 P.	ail to:		\$50.00	per 10x10 space

***Please submit your application to dmvsenegaleseassociation@gmail.com or bdiedhiou1@yahoo.com

Silver Spring, MD 20910

or via \$CashApp. at (301) 328-6758 or Zelle to amadougaye8@hotmail.com

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* Please be sure to complete both page 1 & 2 of this form *

Vendor Name:

			<u> </u>	Requested Menu Items
				val and include a price list for all requested items. Please note that we re nay sell. Prices of all items must be displayed prominently at your festival
		a bever	age rems that you m	ay sell. Thees of all terms mast se displayed prominently at your reserval
ail F ood				
*Indicate ij	you're a	retail or j	food vendor (Please circle o	out the right one). • Must register to participate!
equest for R	esource	s – Plea	se indicate your needs.	. Vendors – Please indicate the items you wish to sell.
Resources	Yes	No	Quantity	
Table				
Chair				
10x10 Tent				
outlets available orms are Due ncomplete for end Complete mvsenegalese	t: t there are. on June 1 m will not d Form To	se no acce 5, 2025 a be revie o: on@gmai	wed or accepted	
signa	ture belo	w, I com	mit to participate in this ye	s accompanied by all required forms, fees & information (new vendors). By my ear's Senegal Day Festival at 1 Veteran Plaza, Silver Spring, MD. I further acknowledge or application and read ALL festival guidelines & hereby agree to abide by them.
Appl	icant(s) S	ignature((s):	Date:
		*** P	lease read the Food (and Retail Vendor Info & Guidelines Sheet before applying***
			21	ease be sure to include the following:
			Ple	euse be sure to include the jonowing.
	Applicatio		PIE f items (and prices) you are	☐ Application Amount enclosed = \$