**Berkley Days Association, Inc. Berkley Days Association, Inc.**

**Food Booth 2022 P.O. Box 721112**

**May 13-15, 2022 Berkley, MI 48072-1112**

**Contact Person for Food Booth**

**Denise Downen 248-904-4300 or email berkleydays@yahoo.com**

**BDA FOOD BOOTH APPLICATION**

Date and Times:

Friday May 13, 2022; 4 pm-11 pm (Set up begins at noon)

Saturday May 14, 2022; 11 am-11 pm

Sunday May 15, 2022; 10-6 pm

Location:

Berkley Community Center parking lot (north)

2400 Robina Ave

Berkley, MI 48072

**We are waiving our normal food space fee. Instead, we ask that you make a donation to the Berkley Days Association at the conclusion of the event.**

**Application: Please complete and return by April 15, 2020**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, STATE, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME & CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate how much space you will need:**

**Tent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trailer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Represenative(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Berkley Days Association, Inc. Berkley Days Association, Inc.**

**Food Booth 2020 P.O. Box 721112**

**May 15-17, 2020 Berkley, MI 48072-1112**

**Contact Person for Food Booth**

**Denise Downen 248-904-4300 or email berkleydays@yahoo.com**

**BDA FOOD BOOTH APPLICATION**

Please sign the following **acknowledgment of rules** and **waiver and release** and attach it with your application. Unsigned applications will not be accepted.

I hereby acknowledge that by signing my application that I agree to the following:

* Food Vendors are required to be present or have an adult representative present during all hours of the event. Please provide the names of all the responsible representatives.
* We have advertised the hours of the Food Booths and expect all food vendors to be present for these times.
* Food Vendors acknowledge that BDA reserves the right to assign space to each vendor, although efforts will be made to accommodate requests.
* Food Vendors acknowledge that they must bring a fire extinguisher and have it in your booth. A fire extinguisher must be a **1A:10B:C** or larger by order of the Fire Marshall.
* Food Vendors, your equipment is in good working order and will satisfy the fire marshall.
* Food Vendors are responsible for obtaining a license and permits from the Health Department.

Liability Release

Berkley Days Association, it’s directors and volunteers will not be responsible for any personal injury or property damage to the undersigned crafter/vendor or others involved in the crafter/vendor’s participation. By participating in any activities on or related to the Maker’s Market on property sponsored by BDA, you assume all risks associated with any injury or damage that may occur. You agree that you will indemnify and hold free and harmless the BDA, it’s officers, its directors, volunteers or representatives from any and all claims or actions for damages or loss to person or property, including the loss of use thereof, and from any and all claims or actions for personal injury, sickness or disease, including personal injury.

In the event there is a claim of any type made or filed, you and your family agree to hold harmless and indemnify BDA, its officers, it’s directors, volunteers and representatives from any claim of any type for damages and attendant costs of attorneys’ fees. Consideration for assuming such obligation will be permission for your participation in the activity.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_