

Arab and Chaldean Festival  
2025 Organization and Commercial Contract  
Space # \_\_\_\_\_

Dry Goods Vendor Application up Stairs

Name of Organization \_\_\_\_\_  
Name of President \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Please list your dry good items you wish sell, along with other items you wish to see at the festival being held on July 26 & 27, 2025.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

It is very important that we agree to fulfill all the requirements set forth by the Arab & Chaldean Festival policies, the Board of Health policies and the City of Detroit policies at all times.

To help us plan the allocation of space at the Festival, your decision will be final upon receipt of this form. This form must be received June 30th 2025.

Ps: Rain or shine

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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**TOTAL COSTS:**

<b>Space Rental 10"x 10"</b>	
<b>Security Deposit</b>	
<b>Food License</b>	
<b>Consumer Affairs License</b>	
<b>Parking Tickets for one car 2 days</b>	
<b>Total</b>	

**Please bring your 10 X 10 Tent, Table, Chairs, wire extension with bulb**

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

Arab and Chaldean Festival  
7234 Oakwood Drive  
West Bloomfield, MI 48322  
Tele/Fax: (248) 960-9956  
E-mail: [aacfestival@yahoo.com](mailto:aacfestival@yahoo.com)  
Website: [www.arabandchaldeanfestival.com](http://www.arabandchaldeanfestival.com)