

Arab and Chaldean Festival
 2012 Organization and Commerical Contract
 Space# _____

Dry Goods Food Vendor Application (Upstairs Only)

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

Please list your **FOOD ITEMS** (i.e. Shish Kabob, Shish Tawook, Falafil, Shawarma or Pastry items) along with other food items you wish to see at the festival being held on July 28-29, 2012.

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

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 no later than June 25th, 2012.

Signature _____
 Date _____

TOTAL COSTS:

Space Rental 10 x 20	
Security Deposit	
Food License	
Consumer Affairs License	
Parking Tickets	
Membership Dues	
Total	

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
 Email: aacfestival@yahoo.com
 Website: www.arabandchaldeanfestival.com