

Arab and Chaldean Festival
 2026 Organization and Commercial Contract
 Space # _____

Dry Goods food Vendor Application (up stairs area only)

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

Please list your FOOD ITEM (i.e. Shish Kabob, Shish Tawook, Falafel, Shawarma or pastry items) along with other items you wish to sell at the festival being held on August 1st and 2nd, 2026

1. _____ 2. _____ 3. _____ 4. _____

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 ASAP

Ps: Rain or Shine)

Signature _____
 Date _____

TOTAL COSTS:

Space Rental 10 x 20	
Security Deposit	
Food License	
Consumer Affairs License	
Parking Tickets one car for 2 days	
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
 Website: www.arabandchaldeanfestival.com
 E-Mail: aacfestival@yahoo.com