

DATE:				
BUSINESS NAME				
DESCRIPTION OF ITEMS	TO BE SOLD			
CONTACT NAME				
ADDRESS				
CITY	STATE		ZIP	
PHONE		EMAIL:		

VENDOR FEE: \$25.00

I agree to abide by the guidelines stated below. I understand that MHRA are not responsible for or liable for damages including, but not limited to , loss suffered before, during, or after this event I have applied to as a result of the display of my work, equipment or food. I understand that there are no refunds or rain checks dur to inclement weather.

WHAT WE PROVIDE: ONE 10X10 SPACE ONLY, UNLESS OTHERWISE REQUESTED FOR A LAR-GER BOOTH.

FOOD VENDOR SIGNAGE: FOOD VENDORS MUST PROVIDE A COPY OF YOUR MSDH FOOD VENDOR PERMIT. BOOTH SIGNAGE MUST BE IN FULL VIEW OF FESTIVAL GOERS. WE WILL DO OUR BEST NOT TO HAVE NUMEROUS VENDORS SELLING THE SAME THIN AT THE FESTIVAL. **BEVERAGES:** ALL BEVERAGES NEED TO SEEL OUT OF THEIR ORIGINAL CAN, PLASTIC BOT-TLE OR A COMPOSTABLE PLASTIC CUP. NO ALCOHOLIC BEVERAGES CAN BE SOLD OUT OF YOUR BOOTH AT ANY TIME. **GREASE/TRASH:** FOOD VENDORS NEED TO PROVIDE GROUND COVER INSIDE THEIR BOOTH & COOKING AREA FOR THE ABSORPTION OF GREASE. NO GREASE OR GRAY WATER IS TO BE POURED ONTO THE GROUND OR DOWN ANY DRAINS. **TRASH:** VENDORS ARE RESPONSIBLE TO PROPERLY BAG TRASH WITHIN YOUR SALES LOCA-TION.

SETUP: 630A.M.—8:00 A.M. COMPLETE AND TURN IN BEFORE APRIL 1, 2026

PLEASE SIGN IF YOU AGREE WITH THE FOLLOWING GUIDELINES.

PRINT NAME______SIGNATURE___

DATE____

CONTACT MIKE SUMMERLIN 601.941.6662 OR CHRIS HUDSON 601.896.7385 MAIL TO P.O. BOX 1934 BRANDON MS 39043 EMAIL: MSRA22@YAHOO.COM