

FOOD VENDOR APPLICATION

HART COUNTY CIVIL WAR DAYS – BATTLES FOR THE BRIDGE September 13-14, 2024

NAME (first, last): _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE #: _____

E-MAIL: _____

NUMBER OF BOOTHS REQUESTED: _____

FOOD VENDOR BOOTH RATE: \$100

Electric Needed: Yes _____ No _____

Bringing generator: Yes _____ No _____

(We have 30 amp. Make sure you can plug into this. NO DIRECT WIRING!)

Detailed Description of Your Booth: _____

Spot reservations are first come first serve and only one of each type of vendor will be approved by The Civil War Days Committee. **(The electrical amp service is limited to six connections. You are welcome to provide your own generator, but generators will not be provided for any vendors.)** Approval of application is contingent on event committee discretion. A full description of items offered for sale is required for consideration. Please include a self-address stamped envelope if you wish to receive a confirmation letter, otherwise confirmation will be a verbal confirmation.

Each vendor is responsible for collecting and paying all applicable taxes, and for obtaining any necessary permits or licenses.

FOOD VENDORS MUST CONTACT THE HEALTH DEPARTMENT AT (270) 524-2511 PRIOR TO SET UP.

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SET-UP DETAILS: Set-up may take place beginning at 8 am on Friday, September 13th. Once you have checked-in with Vendor Committee personnel you may begin set-up in your pre-assigned space. Set-up will be the responsibility of the vendor.

BREAKDOWN DETAILS: Booth disassembly is responsibility of the vendor and must be completed and exited by 10 pm on Saturday, September 14th.

The Undersigned desires and agrees to participate in the Hart County Civil War Days Event which is a community celebration presented by volunteering organizations and people that host events for the betterment of the local community and the enjoyment of the attending public. The undersigned hereby acknowledges participation in this event at their own risk and agree by voluntarily signing this waiver. By signature, the undersigned releases, waives, and forever discharges any and all claims against the City of Munfordville, the Hart County Historical Society and Museum, and any other involved contributing organizations and individual participants of the celebration, whether such claims were foreseeable or not at the timing of the signing of this Waiver & Release. The undersigned by signing this waiver and release, extends to any and all subrogation claims by the undersigned insurer arising out of any claims paid in connection with any of the matters herein waived and released.

Printed Name: _____

Signature: _____

Date signed: _____

Mail or drop off application and fee to:

Hart County Historical Museum
P.O. Box 606
Munfordville, KY 42765

For any questions, please feel free to contact:

Museum: (270) 524-0101 (Monday-Saturday, 9:00am-4:00pm CDT)