



**CINCO DE MAYO
VENDOR APPLICATION**

AFTER COMPLETING THIS FORM IN ITS ENTIRETY PLEASE MAIL TO: PO BOX 621 WAXAHACHIE, TX 75168 OR SCAN COMPLETED DOCUMENT AND EMAIL TO ELLISCOUNTYHISPANICORG@GMAIL.COM

Please select type of vendor in the box below:

Food Vendor 10 x 12	Food Truck up to 28'	Merchant Vendor 10 x 12	Information Table 10 x 12
\$300.00	\$450.00	\$200.00	\$75.00

Any and all consumable products must obtain a food permit through the City of Waxahachie prior to the event. For information regarding a food permit contact the City of Waxahachie at 469-309-4138.

Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Description of products/ food items at your booth:

Food trucks please provide the length from towing hitch to end (if doors in back must be open during event please include that in the length):

_____ **If your Food truck/trailer is longer than allocated space please be aware you will need to pay an additional fee or purchase additional space.**

*No electricity or running water is available. All generators used must be of reduced noise interval

PLEASE REVIEW THIS PAGE IN ITS ENTIRETY BEFORE SIGNING

***NO GLASS CONTAINERS**

***Disposal of trash:** Each vendor is responsible for placing their trash in the allocated dumpster site.

***Vendors must provide their own equipment:** canopies, tables, chairs etc.

***Food vendors must not leave their booth unattended at any time once they have arrived.** The Fire & Health Dept will be checking for permits and documents at their leisure and if you are not available a fine is possible.

***Change:** Please come prepared to provide enough change to your customers.

***NO VENDOR SHALL SELL WATER: ELLIS COUNTY HISPANIC ORGANIZATION WILL BE THE ONLY AUTHORIZED SELLER**

General Release of Liability: The undersigned hereby releases and agrees to hold harmless the Ellis County Hispanic Organization, Its committee, and the City of Waxahachie, Texas from the loss or any damage to the undersigned property or any personal injury which he/she or any helpers may sustain while setting up or participating in the ECHO Cinco De Mayo Event. The undersigned agrees to abide by the rules set forth on this entire application and by the festival committee. The committee reserves that right to make any final interpretations of the rules and the acceptance or denial of any and all vendors.

Signature: _____

Print: _____

Date: _____

E.C.H.O. reserves the right to make changes on the date of the event for the interest and safety of the event when necessary. THIS FEE IS NONREFUNDABLE. ONCE PAYMENT IS MADE NO REFUNDS WILL BE ISSUED.

If you have any questions or concerns please feel free to email:

EllisCountyHispanicOrg@gmail.com OR call 469-309-0194

Please select your payment type:

___ Pay by check (please make checks payable to "Ellis County Hispanic Organization" and mail with this application to: PO BOX 621 Waxahachie, TX 75168)

___ Pay by CashApp (\$ECHOwax) ___ Pay by Venmo (@ECHOwax)

To be filled out by E.C.H.O. COMMITTEE ONLY

Signature of ECHO Committee Member

Printed name of ECHO Committee Member

Date Received _____

BOOTH # _____