

MALAD WELSH FESTIVAL
June 30th – July 2nd 2011

FOOD VENDOR APPLICATION

Owner/Vendor Name _____
(If multiple persons involved, list one as responsible party)

Other Owner/Vendor Names (if applicable) _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Email _____

Do you plan to have a one day set up or a two day set up? Which Day?

Please describe your food products and equipment to be used to prepare the food.

My booth will require electrical power _____ yes _____ no How many outlets _____

I will need an awning for my booth: _____ yes _____ no (if no, please describe what type of booth/trailer you plan to use (See Vendor Rules for types allowed).

I understand that the food offered for sale in my booth must be high quality and conform to all health codes. A Vendor's Packet is enclosed with the health rules that we will be requiring this year. Also if you have any questions, you can contact Kevin Blanch at 852-0478 or 766-4762. I agree to sell only the products described in this application. I understand that submitting an application does not guarantee me space in the Malad Welsh Festival. I have carefully read the attached Food Vendor Rules and Responsibilities and agree to abide by them.

Signature _____ Date _____