



Yule of Yesteryear Holiday Festival

FOOD CONCESSION VENDOR APPLICATION

WHEN: Saturday, December 8, 2018 10 a.m. - 4 p.m.

WHERE: Heritage Museum of Northwest Florida & Perrine Park, Valparaiso, Florida

FEE: \$85 (includes electricity)

SPACES: Space is available on a first come, first serve basis.
Tent, booth, tables and equipment must be provided by vendor.

RULES:

1. Exclusive rights for some beverages belong to the Museum and selected community partners. Please verify with Museum Staff what beverages you are permitted to sell.
2. On-site overnight camping or overnight hookups are not permitted.
3. Food concessionaires must be set up and vehicles moved before 9:00a.m. on festival day. Parking is available on nearby streets.
4. Concessionaires must stay the full seven hours of festival.
5. Silent auctions, drawings, raffles, etc. are **not** permitted by an exhibitors or concessionaires without pre-approval from the Heritage Museum Assoc., Inc.
6. Concessionaires must abide by these rules and regulations. The signature below indicates that you release and forever discharge the Heritage Museum Assoc., Inc., its Trustees, Employees and Volunteers, and the City of Valparaiso, from any responsibility, personal liability, loss, claims or damages arising out of or in connection with this event.
7. Concessionaires will be asked to remove from sale any food and drinks that were not pre-approved by the Heritage Museum of Northwest Florida Events Committee.
8. The Museum's Events Committee reserves the right to refuse applications.
9. NO Rain Date. Fees are a donation to the Museum, and are **non-refundable** and **non-transferable**.

SPACE IS LIMITED – PLEASE RESPOND PROMPTLY!

Mail or deliver completed form with payment to: **HMNWF - Yule 2018, 115 Westview Avenue, Valparaiso, FL 32580.**
A confirmation will be returned to you by telephone or email. You may fax this form to (850) 678-4547 and pay by phone with MC/VISA by calling (850) 678-2615 during museum hours: Tuesday – Saturday 10 a.m. to 4 p.m.

(\$30 Charge for Returned Checks)

BUSINESS NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CONTACT PERSON: _____

EMAIL: _____ TAX ID#: _____

DESCRIPTION OF FOOD TO BE SOLD: (Please be specific) _____

Specify length and width of trailer/booth (including tongue):

_____ Space without electricity

_____ Space with electricity (what type plug required?) Size (with tongue): _____

_____ Need water Size (without tongue): _____

I certify that proper insurance is in place to cover any liability that I/we may incur as a result of our attendance and participation in the Festival. I understand that my business is subject to Florida sales tax (where applicable) and that food vendors must meet Health Department regulations.

Signature of Business Owner: _____ Date: _____

For Staff Use Only: DATE: _____ **PAID:** _____ **TYPE:** _____ **NOTES:** _____