



HVKidVenture.org

Vendor Hours:
Saturday, April 27 & Sunday, April 28
11 a.m. – 4 p.m.

Location:
Dutchess Community College
53 Pendell Rd., Poughkeepsie, NY



2019 FOOD VENDOR APPLICATION

All applications are chosen on product/services, the application and support materials, and booth presentation and location availability. We do not offer exclusivity and reserve the right to limit the number of food vendors as well as menu items.

Company _____

Contact _____ Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Website _____

Food Truck width & length _____

	MEMBER	NON-MEMBER
<input type="checkbox"/> 12 ft. x 12 ft. Space	\$300	\$400
<input type="checkbox"/> 12 ft. x 30 ft. Space	\$375	\$475
<input type="checkbox"/> \$150 refundable security deposit	\$150	\$150

To receive security deposit refund, vendor must attend both Saturday and Sunday and be set up and ready to serve at 10:30 a.m. Area must be kept clean at all times and when vacated. Deposit refunds will be made as originally paid (by check or to credit card) within 10 days of the event.

Please note: Must attend both days • Food vendors/trucks must be self-contained. Water, sewer and electric are not available. Must be set up by 10:30 a.m. each day. Must be cleaned up by 6 p.m. each evening. • Food vendors are not to leave any items overnight.

Please list ALL food items you plan to sell in the space below.

ITEM(S) FOR SALE (we highly recommend you offer kid friendly menus and prices from \$7 to \$10 for a complete lunch)
Empty space for listing items



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In order to participate in Hudson Valley KidVenture all food vendors ARE REQUIRED TO HAVE THE FOLLOWING:

A CURRENT NEW YORK STATE DEPT. OF HEALTH PERMIT. Permits can be obtained from the Dutchess County Department of Health, 85 Civic Center Plaza, Suite 106, Poughkeepsie, NY 12601, (845) 486-3404

Every food truck/vendor must have an appropriate fire extinguisher present at all times

ALL FOOD VENDORS MUST PROVIDE a copy of your Certificate of Liability Insurance for a minimum of \$1 million naming EACH OF THE FOLLOWING AS ADDITIONALLY INSURED:

- Dutchess County Regional Chamber of Commerce, Inc., One Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601
The Chamber Foundation, Inc., One Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601
County of Dutchess, Market St., Poughkeepsie, NY 12603
Dutchess Community College, 53 Pendell Rd., Poughkeepsie, NY 12601

Your security deposit must be received no later than February 28, 2019 with this completed form to secure your space. Balance of fees, copy of your insurance certificate and proof of health permit must be received by April 1, 2019.

PLEASE SEND CHECKS/MONEY ORDERS AND SUPPLEMENTAL DOCUMENTS TO:

The Chamber Foundation, Inc. ATTN: KidVenture
One Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601 • Fax: 845-454-1702

Table with 2 columns: Description and Amount. Rows include DEPOSIT DUE 2/28/19 (\$150), TOTAL SPACE FEE, and BALANCE DUE 4/1/19.

PAYMENT: [] CHECK (PAYABLE TO): The Chamber Foundation, Inc. [] AMEX [] VISA [] MASTERCARD

Name on Card: _____ Billing Address: _____

Card no. _____ Exp. _____ Security Code: _____ Total: _____

All registrations final, no refunds.

CONTRACT

I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION REGARDING THE POLICIES AND PROCEDURES AS THEY ARE STATED ABOVE. I ALSO AGREE TO THE ENFORCEMENT OF SAID POLICIES AND PROCEDURES AND ANY SUBSEQUENT CORRESPONDENCE.

SIGNATURE: _____ DATE: _____