FESTIVALS & CRAFT SHOWS—DOWNTOWN COLDWATER, MI

Which festival are you applying for? (check one)

Strawberry Fest | June 19, 2021 | 9am−3pm ☐ Apple Fest | September 18, 2021 | 9am−3pm ☐

FOOD/DRINK VENDOR APPLICATION

Business Name:			
Contact Person:			
		City:	State: Zip:
Phone:	E-	Mail:	
List or Attach Menu:			
Registration Fee on/before June	1, 2021 (strawberry	fest) or September 1, 2021 (apple fest)	
□ \$50.00 (10 x 10 space		. D av. No D. (Only 10 y 10 touts will be accepted	Apply for food license: 2 wks hefere
Will you be using a tent/awning? Yes ☐ or No ☐ (On Number of spaces requested:		or No 🗖 (Only 10 x 10 tents will be accepted	
·			Branch County Health Department
			570 N Marshall Rd
Dooth (Stand Dogwiromonts (inclu	ding alactrical pands		Coldwater, MI 49036
Booth/Stand Requirements (including electrical needs):			517.279.9561 ext. 109
Special Requests:			
	able upon acceptance	. Due to the limited space for food vendors, registration	on fees will be returned to those not
confirmed for the event. Due to Covid restrictions and co	onstruction in the ar	ea, booth placement will be random this year.	
		ovide sufficient trash receptacles for their waste. Ve	endors must provide separate and
•	•	vide picnic tables and trash receptacles in the gene	·
9:00 am. All vehicles must be m	oved by 9:00 am. Sta	akes are not permitted for tents or awnings. Must in	nclude a picture of booth(s) with re
	=	all necessary licensing (if required) for their produ	
•	-	tear down until 3:00 pm and all booths must be to	
		erves the right to ask a vendor to remove themselv	es from the festival and/or not retu
to a Coldwater festival if these r I have read and understand the	_		
Thave read and anderstand the	tales & regulations	(signature)	
Mai	l completed registra	tion form with check or credit card information pa	yable to:
City o	of Coldwater, 1 Gran	d Street, Coldwater, MI 49036 ATTN: Recreation D	epartment
City C			opar timent
		Credit Card Payment Information:	
Card type (check one): Vis	a Mastercard	Discover	
Cardholder First & Last Name	:		Exp. Date:/
CVC 3-digit on back:	Cardholder Add	ress:	
Cardholder City:		Cardholder State/Province:	
Cardholder Zi	ip:	Cardholder Country:	
Questions? Co	ntact event coordin	ator Mariah Welke at 517.278.8566 or email mwe	elke@coldwater.org
For Office Use Only			
Date Rec'vd:	Date Entered: _	Booth Location:	Amount: \$
Payment Rec'y	rd: Cash:	Check #: Credit Card Confirmed	· Fmailed