## FESTIVALS & CRAFT SHOWS—DOWNTOWN COLDWATER, MI

Which festival are you applying for? (check one)

Strawberry Fest | June 20, 2020 | 9am−3pm ☐ Apple Fest | September 19, 2020 | 9am−3pm ☐

## FOOD/DRINK VENDOR APPLICATION

Business Name:			
Contact Person:			
Address:		City:	State:Zip:
Phone:	E-Mail:		
List or Attach Menu:			
Registration Fee on/before June		or September 1, 2020 (apple fest)	
•			
<ul> <li>\$50.00 (10 x 10 spa</li> <li>Will you be using a Number of spaces remains</li> </ul>	tent/awning? Yes 🗖 o	or No (Only 10 x 10 tents will be accepted)	Apply for food license: 2 wks before  Branch County Health Department
			570 N Marshall Rd
			Coldwater, MI 49036
Booth/Stand Requirements (inclu	uding electrical needs):		517.279.9561 ext. 109
Special Requests:			
confirmed for the event. Rules & Regulations – Food & Beverag	ge vendors must provide sufficier	to the limited space for food vendors, registration at trash receptacles for their waste. Vendors must provide seneral eating areas. Set up time is 6:30 – 9:00 am. All vehicles	separate and proper disposal methods of
Please include a picture of booth(s) wit is held rain or shine. No pets allowed. N begin to tear down until 3:00 pm and a	th the registration form. <b>Vendors</b> No parking on the sidewalks. Park all booths must be tore down by	late all reasonable requests for specific vendor placements are responsible for any and all necessary licensing (if requing in front of the sidewalks is only allowed during set up a 5:00 pm. Treat all City event staff and volunteers with respondivater festival if these rules and regulations are not follows.	uired) for their products offered. The festive nd tear down times. Vendors may not ect. The City reserves the right to ask a
I have read and understand th	e rules & regulations:		
		(signature)	
Ma	il completed registration f	orm with check or credit card information paya	able to:
City	of Coldwater, 1 Grand Stre	et, Coldwater, MI 49036 ATTN: Recreation Dep	partment
	Cred	it Card Payment Information:	
Card type (check one): Vi	sa 🛘 Mastercard 🗖 Disco	ver  Card Number:	
Cardholder First & Last Name	ı:		Exp. Date:/
CVC 3-digit on back:	Cardholder Address:		
Cardholder City:	-	Cardholder State/Province:	
Cardholder Z	ip:	Cardholder Country:	
Questions? Co	ntact event coordinator N	Mariah Welke at 517.278.8566 or email mwelk	ce@coldwater.org
For Office Use Only			
Date Rec'vd:	Date Entered:	Booth Location:	Amount: \$
		eck #· Credit Card Confirmed:	