FESTIVALS & CRAFT SHOWS—DOWNTOWN COLDWATER, MI

Which festival are you applying for? (check one)
Strawberry Fest | June 22, 2019 | 9am−3pm □
Apple Fest | September 21, 2019 | 9am−3pm □

FOOD/DRINK VENDOR APPLICATION

Business Name:				
Contact Person:				
Address:		City:	State	e:Zip:
Phone:	E-Mail:			
Booth Description (Products):				
Registration Fee on/before June 7, 2019 (st	rawberry fest) or Septemb	er 6, 2019 (apple fest)		
 \$75.00 (10 x 10 space) Will you be using a tent/awnin 	g? Yes 🗆 or No 🗖 (Only 10 x 10 tents will be	e accepted)	Apply for food license:
Number of spaces requested: _			E	Branch County Health Department
□ \$100.00 (over 10 x 10 space)			5	570 N Marshall Rd
Length: Width:	Height:		(Coldwater, MI 49036
Booth/Stand Requirements (including electr	ical needs):		5	517.279.9561 ext. 109
Special Requests:				
Registration fees are non-refundable upon a confirmed for the event.	cceptance. Due to the limite	ed space for food vendors	, registration fees	will be returned to those not
Rules & Regulations – Food & Beverage vendors mu	ust provide sufficient trash recept	acles for their waste. Vendors	must provide separa	ate and proper disposal methods of
grease. The City will provide picnic tables and trash r				·
not permitted for tents or awnings. The City will atte				
Please include a picture of booth(s) with the registra				
is held rain or shine. No pets allowed. No parking on	=	· · · · · · · · · · · · · · · · · · ·		
begin to tear down until 3:00 pm and all booths mus		*		
vendor to remove themselves from the festival and,		_		
I have read and understand the rules & r	egulations:			
		(signati	ure)	
Mail complete	ed registration form with o	heck or credit card infor	mation payable	to:
City of Coldwat	er, 1 Grand Street, Coldwa	ter, MI 49036 ATTN: Re	creation Departm	nent
	Credit Card Pay	ment Information:		
Card type (check one): Visa 🚨 Mast	ercard 🗖 Discover 🗖 Care	d Number:		
Cardholder First & Last Name:				Exp. Date:/
CVC 3-digit on back:Cardh				
Cardholder City:	Ca	dholder State/Province	:	
Cardholder Zip:	Cardho	lder Country:		
Questions? Contact ever	nt coordinator Mariah We	ke at 517.278.8566 or	email mwelke@c	coldwater.org
For Office Use Only				
Date Rec'vd: Date	Entered:	Booth Location:	A	mount: \$
Payment Rec'vd: Cash:	Check #:	Credit Card (Confirmed:	