September 13 & 14,  2019
Food Vendor Application
Application Deadline—September 1, 2019

Friday Hours Available: 7:00 pm—12:00pm—Must be set up by 7:00 pm
Saturday Hours Available: 5:00pm - 12:00pm Must be set up by 4:00 pm.

IF YOU NEED POWER, WE NEED TO KNOW IMMEDIATELY IN ORDER TO ACCOMMODATE.

Space Needed: ___________________________ Fee: $25 for a 10 x 10 and/or 1 evening
$50 for 20 x 20 and/ or 2 evenings

Business Name: ___________________________ Contact Person:___________________________

Address: _______________________________ City: ___________________ Zip: ___________

Phone: _______________________________ Cell Phone: _______________________________

E-mail: ___________________________________ Web site:  ____________________________________

General description of what you will be selling: ____________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

I understand and agree:

- That each vendor is responsible for providing their own tents/tables or other set up needs.
- That each vendor will provide adult supervision on-site at all times.
- That this participation application will be considered on the availability of space and the number and type of participation applications received and previously accepted.
- I understand that the Almont DDA reserves the right and full discretion to require the removal of any merchandise, display or an entire booth that violates the law, is offensive, unsafe, or disruptive.
- I understand that I am responsible for my own insurance and permits and agree to hold harmless the Village of Almont or DDA from any claim, demand, suit, loss, cost or expense, or any damage which may be asserted, claimed or recovered against or from the Village of Almont or DDA by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever.
- No refund for rain or not able to attend.

Signature: _______________________________ Date: _______________________________

Mail application and check payable to: Almont DDA, 817 N. Main St., Almont, MI  48003
For additional information, contact: Kim Schall at (810) 798-8125
Email: kschall@almontdda.com
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