



2018 Sounds & Sights Festival Food Vendor Application

CONTACT INFORMATION

Business Name: _____

Contact Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

OPERATION REQUIREMENTS

Dimensions: _____

Electricity (circle one) YES NO Notes:

Water Hook-Up (circle one) YES NO Notes: _____

MENU & PRICING

Please provide menu and pricing information below

HOURS OF OPERATIONS

Thursday, July 26 from 5pm to 10pm

Vendors must be set up by 4pm for health inspection (Health Department will only inspect on Thursday).

Friday, July 27 from 5pm to 10pm

Saturday, July 28 from 12pm to 10pm

ADDITIONAL INFORMATION

Festival will provide tables, chairs, plateware, napkins, and utensils, unless a special serving vehicle is used by the vendor. Vendor must apply for a food license at the health department if necessary (Washtenaw County Health Department can be reached at 734.222.3800).

HOLD HARMLESS

With signing this contract, all entrants into the Festival agree to hold harmless and indemnify Chelsea Area Festivals & Events from any cause or action whatsoever for any damage to, with respect to persons or property, and agree to assume full responsibility for the same.

_____ Vendor Contact Name (Printed) Ve

_____ Date: _____
Vendor Contact Name (Signed)

Please return the signed application to Denise Cugliari at Chelsea Area Festivals & Events via mail to 222 South Main Street, Suite B, Chelsea, MI 48118 or email info@chelseafestivals.com