



Food Booth Application for Saturday, October 14, 2017
PLEASE PRINT

Name/Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____

E-Mail: _____

What food will be sold: _____

Electrical Needs _____

HEALTH DEPT CERTIFICATE COPY ENCLOSED (Mandatory) If not enclosed with application explain why not:

\$100 Per 10' x 10' space

If you will need more than the 10'x10' space you MUST reserve additional spaces, even if only by inches. Area is marked and limited spaces available so NO Overlapping Allowed

Spaces needed: # _____

Amt enclosed: \$ _____

Applications submitted after September 27th, add \$10.00 for late fee.

Make checks payable to Southwest Community Festival and return to address at bottom of form.

1. Rules and Regulations: The applicant agrees to abide by the rules and regulations of the Southwest Community Festival that are included with this application packet.
2. Liability: Insurance will be the responsibility of the exhibitors
"To the extent of its fault or strict liability, the Sponsors and the Southwest Community Festival, their agents, successors, representatives and assigns, to the extent provided by law, will release, indemnify, defend, protect, and hold each other, their affiliates, and their respective officers, directors or employees, harmless from losses, costs (including reasonable attorney fees and court and arbitration costs), expenses, claims, demands, liabilities and causes of action of every type and character arising out of the Agreement for personal injury, illness or death or loss of or damage to property."
3. "In the event of an extreme event(s), including EXTREMELY inclement weather, such that the SWF Committee decides that persons and/or property may be endangered by continuation of the festival, the right is reserved by the SWF Committee to cancel the event. Pre-paid vendor deposits will NOT be refunded should such a cancellation occur and the vendor agree to this policy by its submission of application."

Applicant Signature _____ Date _____

Signature verifies that all information is correct and that "Rules & Regulations for Vendors" have been read, understood and agreed to.

Please return completed application, copy of Health Dept Certificate and check to:

Ray Crider, Booth Chair
1120 Franelm Rd
Louisville, KY 40214
502-592-0682
swcfbooths@gmail.com
www.swcf-ky.org