

# ***2017 POOLESVILLE DAY***

***SEPTEMBER 16, 2017      10:00 am -4:00 pm***

## **FOOD VENDOR APPLICATION**

15 X 15 BOOTH FEE \$100.00 (Increases to \$150.00 after June 9, 2017)

Vendor Check-in 6:30 am – 9:00 am. You will be directed to your space by staff.

**No** entry into the festival after 9:00 am.

Vendors must supply their own tents, tables, chairs & signage!

Festival takes place rain or shine

Please fill out the following information to participate in Poolesville Day. (Please print) ***Email is main form of contact.***

Name of person or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Please list all menu items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your complete booth setup and footprint including tent and service trucks. Please list truck and trailer dimensions. **PLEASE INCLUDE A PHOTO OF YOUR SETUP!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you an exhibitor at Poolesville Day 2016? (Select One) Yes      No

If yes, would you like the same space? Yes      No

**Applications must be received by June 9, 2017 in order to guarantee same space**

\_\_\_\_\_

# ***2017 POOLESVILLE DAY EXHIBITOR AGREEMENT***

By signing below, I as the recognized representative for the person/group filling out this application, hereby understand and agree to the following:

1. If I am selling any type of food or beverage--even bottled water or prepackaged goods--I must have a permit from the Montgomery County Health Department (240-777-3986) and a covered area from which to prepare and serve food. Inspections will be given onsite by a Health Department representative. *I will provide a copy of the permit to the Poolesville Day Committee prior to the date of the festival.*
2. I must supply my own tents, tables, chairs, signage, power and all other logistics (unless agreement is worked out with the Poolesville Day Committee in advance).
3. I am responsible for collecting sales tax and filing any required documentation. For information on sales tax, call the State of Maryland at (800) 492-1751.
4. On behalf of my group, and myself I hereby waive any and all liability that may arise on the part of Poolesville Day and/or its Committee, Sponsors/Co-Sponsors regarding a personal injury or damage to equipment occurring on Poolesville Day.
5. **I understand that the Poolesville Day Committee, Inc. (PDC) has the final authority on vendor participation, location and the types of acceptable food and activities.** The Committee will do its best to duplicate correctly all participant information, but is not responsible for errors or omissions.
6. I understand that I must sell only those products that I have listed on the application. The refusal to do this could result in the Committee closing down my booth.
7. I consent to having my name given to all government organizations that request a list of vendors. Failure to consent means denial of my application.
8. I understand that all vendors must remain set-up throughout the entire festival and may not leave early without prior permission from the Poolesville Day Exhibitor Chairperson.

***Payment must be made in full with the application. Payments must be received by August 16, 2017.***

Cash or Checks only made payable to: Poolesville Day Committee, Inc.

Mail payment and application to: Poolesville Day Committee, Inc., P.O. Box 4, Poolesville, MD 20837-0004

**Refund Policy:**

Full refunds will be given to exhibitors who cancel by written letter 30 days prior to festival day.

**Returned Check Policy:**

A \$25 fee will be charged for any returned checks by Vendor's bank.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

[www.poolesvilleday.com](http://www.poolesvilleday.com) / [poolesvilleday@yahoo.com](mailto:poolesvilleday@yahoo.com) / 301-349-2123