



200 N Lincoln Street, Desloge, Missouri 63601
Phone: 573-431-3006 Fax: 573-327-8009
Email: director@deslogechamberofcommerce.com

Food Vendor Application **September 1st – 4th, 2017**

Dear Food Vendor:

Thank you for your interest in the 2017 Desloge Labor Day Picnic to be held September 1st through 4th at the Desloge City Park. Vendors may begin setting up at 9:00 am September 1st. The rental fees for a non-food vendor space are listed below. The total fee will cover the vendor for all four days of the picnic. Times for this year's event are: Friday 6:30-11 pm, Saturday 9 am – 11 pm, Sunday 10 am – 11 pm and Monday 9 am – 5 pm. (Note: the Labor Day Parade begins on Monday at 9AM so high customer traffic doesn't usually start until 10:30 AM. **Space is limited, early reservations are strongly recommended.**

You must comply with the following regulations. By submitting the enclosed applications you are agreeing to the regulations listed below:

1. This letter is an application for the 2017 Desloge Labor Day Picnic ONLY.
2. Each St. Francois County Food Vendor will pay \$150.00 for a 12' X 12' space and each vendor whose business address is outside of St. Francois County will pay \$300.00 for a 12' X 12" space. Each additional 12' X 12' space will be \$75.00. If electricity is needed there is an additional charge of \$25.00 per vendor. **NOTE: Spaces are sold in 12' sections only, (you must include the tongue of your trailer in your total feet needed - if any portion of your set up extends past the 12' X 12' area, you must purchase an additional space.)**
3. **Specialty food items may be limited to one vendor if that is the only food item served by the vendor, i.e. Kettle Corn, Snow Cones, etc. Vendors selling more than one item will not be limited or included as the sole vendor for any food item.**
4. Booths are to be kept neat and uncluttered, all packing material and extra supplies kept out of sight.
5. **BOOTHS WILL BE GIVEN THEIR RESERVED SPACE AS APPLICATIONS ARE RECEIVED.** (This allows advance preparation of the site map prior to first day operations.)
6. All food booths are subject to St. Francois County Health Department Regulations and Inspection.
7. Prices need to be displayed clearly and legibly.
8. This is an outside venue and vendors are responsible for weather protection. Recommend you bring cover for your booth in the event of rain - canopy/tent covers are acceptable with tie down weights only.
9. Entry fees are NON REFUNDABLE UNDER ANY CIRCUMSTANCE. However; if spaces are unavailable upon receipt of your application, you application fees will be returned to you.
10. The Desloge Chamber of Commerce reserves the right to refuse a vendor pass to any applicant for any reason.
11. Vendors must comply with all local, state, and federal ordinances and laws. Anyone found in violation of any ordinance or law; will be asked to leave immediately.
12. Vendors are responsible for any applicable local sales tax related to sale of their products. Contact City of Desloge at 573-431-3700 for the appropriate tax rate and payment details.

13. NO MUSIC of any kind is permitted by vendors.

14. NO ROVING VENDORS ARE ALLOWED, NO EXCEPTIONS.

15. **NO PETS of any kind are allowed in Desloge City Park during Labor Day Picnic dates.** This is enforced by Desloge City Police if necessary.

The Desloge Chamber of Commerce shall not be responsible for any injury, loss or legal action that may arise or come to the exhibitor or his/her agent or his/her good or property of the public from any cause whatsoever while the picnic premises are being occupied under this agreement. Exhibitor waives all claims for personal injury, damages to persons or property, including, but not limited to medical expenses, costs, suits, fee, etc., however incurred, against the Desloge Chamber of Commerce.

By submitting your application you agree to the following statements:

I understand the Chamber reserves the right to accept or deny any application.

If I have been in the picnic previously, I understand I am not guaranteed the same space I may have rented previously.

I understand I can expect a full refund, if my application is not accepted. Further, I understand my fee shall **not** be refunded to me unless I am not accepted.

I understand the earliest I may set up is **Friday, September 1, 2017**, at 9:00 am unless agreement is otherwise made.

PRIOR CHECK-IN REQUIRED: I understand I must check in at the Desloge Chamber of Commerce tent prior to setting up. Contact the Chamber Office for specific information or questions.

The following items are REQUIRED with applicant's submission:

1. Check or money order for the correct amount of the requested booth space. There will be a \$25.00 fee on any NSF checks.
2. Photos of your booth and products for first time vendors or new products from returning vendors. Please label all photos with your name.
3. Signed contract.
4. Copy of Liability Insurance Coverage (if applicable).
5. Email address for Acceptance letter.

Please do not fax this application. The above items must be mailed to or dropped off with application at the Chamber of Commerce office.

I have read & understand all rules and regulations. I agree to the terms & conditions of this contract and understand this contract shall become binding only upon written acceptance hereof by the board.

Food Vendor Signature

Date

Please mail completed applications, entry fees, and copy of insurance to:

Desloge Chamber of Commerce, 200 N. Lincoln, Desloge, MO 63601

You will receive an email or letter indicating the acceptance of your application. Thank you. We look forward to seeing you at the 2017 Desloge Labor Day Picnic.

Board of Directors
Desloge Chamber of Commerce



Food Vendor Application
September 1st – 4th, 2017

Name of Organization/Business: _____

Contact Person: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Other Phone: _____

SPECIFIC Information Required: *(Description of Food and/or Drink Served)*

Tax Information: SS# _____ Tax ID# _____

The above information is required by the City of Desloge for sales tax purposes. Please provide the information – either SSN or Tax ID. If this section is not completed, the application will be returned to you.

Water Accessibility: Do you require access to water for your booth. (circle one): YES or NO
(Note: Water for dishwashing is NOT considered a requirement.)

Electrical Information:

1. We can provide a maximum of 50 amps to any one vendor but will allot only what is requested.
2. If you use only 110 VAC, you will be provided only ONE 20 amp circuit.
3. Electrical Needs (check all that apply): ___ 110 volts ___ 220 volts Total estimated amps _____

Type of Unit: *(check one)* ___ Tent ___ Trailer/Mobile Unit (**Dimensions from tongue to rear** _____)

If a trailer or mobile unit, indicate from which vehicle side you will be serving (circle one):
Driver Side or Passenger Side

Space Rental Fees: (check one)

<input type="checkbox"/> St. Francois County Vendor	12' x 12' space - \$150.00	
	or	\$ _____
	12' x 12' space - \$75.00	
Additional space needed: ___ @ \$75		\$ _____
<input type="checkbox"/> Outside of St. Francois Co Vendor	12' x 12' space - \$300.00	
	or	\$ _____
	12' x 12' space - \$75.00	
Additional space needed: ___ @ \$75		\$ _____
Electrical Needs @ \$25.00	Yes or No	\$ _____
	(Check One)	
Total Fees Enclosed:		\$ _____

Certificate of liability insurance in the amount of \$500,000 must be provided with your application and fee.

Specific Vendor Spot / Location Request: _____ (Please note, we will make every effort to put you in the location you request, HOWEVER, there are no guarantees. We will routinely give priority to the first request for a specific location but reserve the sole right to honor that request based on physical restraints and requirements of other vendors.)

Support Unit Parking Space Needed (circle one): **YES** or **NO**
(Please give size and purpose of Support Unit. Use the back of this form if needed.)

Contact Chamber to request specific parking needs, i.e. support vehicles, etc. Parking spaces are not guaranteed with direct access to your booth.

Have you participated in the Labor Day Picnic before? ___Yes ___No

If yes, what year(s)? _____ Booth Number(s): _____

----- **CHAMBER USE ONLY** -----

Documents Received: (Check or annotate all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Application Received | <input type="checkbox"/> Accurate Payment |
| <input type="checkbox"/> Photo of Booth / Products Provided | <input type="checkbox"/> Measurements Included |
| <input type="checkbox"/> Electrical Requirements? | <input type="checkbox"/> Support Vehicle Noted (yes or no) |
| <input type="checkbox"/> Specific Location Requested? | <input type="checkbox"/> Size of Support Vehicle |

Application Denied

Application Approved and Accepted

Cash/Check Amount: \$ _____ Date: _____ Postmark: _____

Board Signature

Date

Acceptance letter or email sent: _____

Assigned to Booth # _____

