

**2018 Our Town, Your Town Festival  
Food Vendor Agreement & Application**

June 16, 2018

Booth Set Up 4:00 p.m.-5:00 p.m., Event from 5:00p.m.-10:00 pm (After Fireworks)

We understand that signatures on this agreement constitute our understanding and our compliance by our organization/business to follow the criteria as stated below:

- Space is limited. Booths will be assigned on a first come first serve basis. We reserve the right to limit the number of spaces available. We reserve the right to not allow duplication in products and services.
- All food vendor booths will be in the designated Food Vendor Area Only.
- All Laclede County Health Code Rules apply with the understanding that failure to comply could mean immediate shut down of booth. The Health Inspector will inspect each booth prior to the start of the event.
- All food vendors are required to have a representative attend a **MANDATORY** meeting with the Health Department at the Chamber office on **Tuesday, June 12 at 10:00 a.m.**
- Proper electrical equipment is required – UL approved extension cords and plugs.
- Food vendor's must set-up and ready no later than 5:00 pm. Booths cannot be removed until after the conclusion of the event (approximately 10:00 p.m.) NO vehicles will be permitted in the park during the event. If you wish to tear down early, the items will need to be carried out.
- The Lebanon Area Chamber of Commerce reserves the right to set drink prices to prevent price wars among vendors.
- All booths will be required to bring a minimum of one trash barrel. Trash dumpsters will be provided.
- The Lebanon Area Chamber of Commerce, Our Town, Your Town Committee, City of Lebanon, as well as the sponsors of this event are absolved of ALL liability in case of injury to yourselves or other agents, and from loss or damage to property.

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Name of Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

1<sup>st</sup> Contact Name & Phone# for day of event: \_\_\_\_\_

2<sup>nd</sup> Contact Name & Phone # for day of event: \_\_\_\_\_

Food List: \_\_\_\_\_  
\_\_\_\_\_

Electric Requirements & Usage: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

By signing this form I acknowledge that I agree to above mentioned Rules and Regulations

\_\_\_\_\_ **Food Vendor \$100 (Chamber Member)**  
\_\_\_\_\_ **Food Vendor \$150 (Non Chamber Member)**

Date Received: _____	Cash: _____	Check #: _____
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