

2010 FALL HARVEST FESTIVAL FOOD VENDOR APPLICATION
SUNDAY SEPTEMBER 19, 2010
11:00 a.m. – 4:00 p.m.

Name of organization or person(s): _____

Exact name on sales tax permit: _____

Sales tax permit number: _____

Black Hawk Co. Health Department food permit number: _____

Contact person: _____

Mailing address: _____ City and State: _____ Zip: _____

Daytime phone number: _____ Nighttime phone number: _____

E-Mail address: _____

Type of Group: () Sole Proprietorship () Partnership () Corporation () Non-Profit Corporation

Menu (Please be specific): _____

Electricity Will Not Be Provided- Generators Allowed

Will you be using a: Circle one: Booth Tent Trailer

Will you be using: Circle one: Generator Propane Charcoal

Space required: _____

Are you bringing any back-up storage vehicles? _____ (1 vehicle per vendor will be allowed on site)

Fees: Vendor Fee of \$50.00 included made payable to CVABG. Applications must be returned by July 15, 2010 and you will be notified of acceptance by August 15th.

IF ACCEPTED, WE ACCEPT FULL RESPONSIBILITY FOR ALL LIABILITY FOR DAMAGES TO PERSONS OR PROPERTY ARISING OUT OF OUR USE AND OCCUPANCY OF THESE PREMISES. WE FURTHER UNDERSTAND THAT THE PREMISES BEING USED ARE THE PROPERTY OF THE CEDAR VALLEY ARBORETUM. WE ALSO UNDERSTAND THAT THE ARBORETUM DOES NOT ASSUME ANY RESPONSIBILITY FOR DAMAGES OR LOSSES THAT MAY OCCUR TO THE VENDOR, ITS EMPLOYEES, ITS AGENTS, OR ITS PROPERTY BY REASON OF ITS OCCUPANCY. WE FURTHER AGREE TO INDEMNIFY THE CEDAR VALLEY ARBORETUM FOR ANY AND ALL DAMAGES WHICH THEY MAY INCUR DUE TO OUR USE AND OCCUPANCY OF THE PREMISES. ONCE ACCEPTED, NO REFUNDS WILL BE ISSUED.

Applicant Signature: _____

Printed Signature: _____

Vendor Name: _____

Mail to: Cedar Valley Arboretum & Botanic Gardens
P O Box 1833
Waterloo, IA 50704