Updated – 8/26 **Date Received:** ____/____/____ **Booth #**_____

PLAQUEMINES PARISH FAIR & ORANGE FESTIVAL
FOOD / DRINK VENDOR APPLICATION

PLEASE PRINT:

NAME OF COMPANY OR INDIVIDUAL: _____

Contact Person: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____ - _____ CONTACT PERSON: _____

E-MAIL

ADDRESS: _____

NOTE: All Food & Drink Vendors Are Setup Under One Large Tent (food court style). Ground space of 10' x 10' including a front service counter 2'x10' Vendor must provide their own prep table.

FOOD / DRINK VENDOR : (List Four (4) Entrées & Two (2) Alternates with Prices)

1st _____ $_____

2nd _____ $_____

3rd _____ $_____

4th _____ $_____

Alternate _____ $_____

Alternate _____ $_____

____ I Will ____ I Will **NOT** set up a smaller tent (outside Large Food Tent) Tent Size:_____ft. x_____ft

Depending on size you may be charged addi4onal space fee.

Do you need Electricity? ____ YES _____NO How many 110-volt receptacles will you need? ___

We **DO NOT** offer 220 Volt receptacles! If you need 220 to cook with you will have to provide your own generator or propane to cook with._____

NOTE: This electricity information must be answered accurately!! Vendors must supply their own plugs, cabling or extension cords of proper sizing for circuits required.

DO YOU OPERATE YOUR BOOTH FROM A TRAILER OR OTHER MOBILE UNIT?

IF YES (CHECK EACH THAT APPLY) _____Yes _____No

You will sell from the: _____Front _____Left _____Right _____Rear of the unit

Provide Trailer or Unit Size: Width _____ft. Length _____ft.

ALL TRASH MUST BE PICKED UP IN & AROUND YOUR BOOTH AT THE END OF EACH DAY OF THE FESTIVAL.
PLEASE LEAVE IT LIKE YOU FOUND IT - CLEAN!
WE APPRECIATE YOUR COOPERATION - THANK YOU!

(CONTINUED ON BACK)

Food & Drink Vendor Fees: (See Vendor Booklet for Correct Food Vendor Fee Amount)

____ Number space needed - Vendor Fee $_____ Total Enclosed $

Liability Insurance Information: (Please Check One) THIS PORTION MUST BE COMPLETED!

_____ I / We have Insurance & have attached the required Certificate (Certificate must list the Orange Festival Association as Additional Insured)

Our insurance company requires all Vendors to have Insurance. If a Certificate of Insurance is not submitted with application you must provide insurance certificate by November 1. You may purchase one at https://securevendorinsurance.com/Kaliff/Highlights or through your own agent

Make Check Payable To:	**Mail To: Sally Blondiau**
Orange Festival	**103 Hardwood Drive Belle Chasse, LA 70037**

AGREEMENT:

I agree to pay the vendor fee in full, abide by these Rules and Regulations to sell my merchandise and submit a copy of our Certificate of Insurance listing the Orange Festival Association as additional insured, or payment for coverage under the Orange Festival Policy. In return for allowing me to have space at the Orange Festival on the above mentioned location and dates, said VENDOR does hereby agree to hold harmless from any loss or liability in regards to any expenses incurred during their operation, or from any loss or injury, to which they are solely responsible; said VENDOR further agrees to indemnify the Plaquemines Parish Fair & Orange Festival, for any such loss or injury. If for any reason I decide not to participate as a VENDOR, I will IMMEDIATELY notify the Orange Festival Secretary or Manager. Your signature on the application indicates that you have read these said Rules and Regulations, understand and will abide by them.

N S F Checks: Non-Sufficient Funds -

The Orange Festival will charge a fee of $35.00 for all checks returned NSF. If a check is returned you will be contacted to replace the check with a MONEY ORDER for the original amount plus the NSF fee within five (5) days. After the 5 days a certified letter will be sent and additional Postal Fees will be added to the original amount plus the NSF fee. If it is not replaced within five (5) days thereafter you will be turned over to the Plaquemines Parish Sheriff 's Office and District Attorney's Office.

STOP! DO YOU HAVE SUFFICIENT FUNDS TO COVER YOUR CHECK? FEES ARE NON-REFUNDABLE. SUBMIT APPLICATION, INSURANCE CERTIFICATE & FEES BY OCTOBER 15th.

NOTE: You are responsible for reporting your Sales Tax.
Someone from the State or Parish may possibly stop at your booth.

Signature _____ Title_____

Date_____ Drivers License # *(of person who signs the check)* _____

Home Phone_____ Cell Phone _____

Keep a copy of this for your files.

-* Below is for committee use only *-

Date Application & Payment Received: ____/____/_____ **Number Spaces Needed:** _____ **____Tent** **____No Tent** **RV/Camper Donation $**_____

FEE PAID: Check #_____ $ _____ Cash $_____ Not Paid

Insurance: _____Yes _____No _____ Insurance Fee to be Reimbursed

Insurance Certificate Received: _____Yes _____No **Date Received:** ____/____/_____

Comments: _____

_____