

IDLEWILD HOMECOMING FESTIVAL
August 5, 2017
VENDOR APPLICATION FORM

Name _____ Phone _____

Business Name / Organization _____

Type of Product _____

Mailing Address _____

City _____ State _____ Zip Code _____

VENDOR ITEMS

Please list all food items or merchandise for sale.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

VENDOR FEE: \$50 for an 8' x 10' area, \$100 for a 10' x 20' area and \$150 for a 20' x 20' area. Set up time starts at 8:00 A.M. Check or money order only. Application fees are due at the time of application.

Application deadline: July 21, 2017

Mail application and payment to: The Idlewild African American Chamber of Commerce, P. O. Box 435, Idlewild, MI 49642.

SPECIAL NOTES FOR CONCESSIONAIRES: Health Department Permit: All food vendors are required to hold a food permit from the health department. A temporary food permit can be obtained from the Lake County Health Department, (231) 745-4663.

HOLD HARMLESS AGREEMENT:

The applicant acknowledges that the Idlewild African American Chamber of Commerce is not responsible for any damage or loss of personal property belonging to the applicant and waives any claim against the above organization as a consequence of such possible damage or loss.

For more information contact John Meeks at (231) 745-4742, or email: jomeeks@iaacc.com.

VENDOR SIGNATURE: _____ DATE: _____

VENDOR Name/Title (Type or Print): _____