

LAS MARIPOSAS CIVIL WAR DAYS

FOOD VENDOR APPLICATION FORM

REQUIRED INFORMATION:

Vendor/Group Name: _____

Address/City/State/Zip: _____

Contact Name: _____

Day/Evening/Cell Phone: _____

Email Address: _____

Website/URL: _____

Size/Area Required: _____

Menu Items/Prices: _____

Are you a Non Profit: _____

Who is responsible for your booth on Saturday and Sunday?

FRI. _____ Ph. # _____

SAT. _____ Ph. # _____

SUN. _____ Ph. # _____

NOTES:

1. SUBMISSION DOESN'T GUARANTEE ACCEPTANCE; NON PROFITS GIVEN PRIORITY AND PREFERENCE.
2. VENDORS MUST SUBMIT MENU/PRICES TO VENDOR CHAIR FOR APPROVAL BY THE L.M.C.W.G.
3. VENDORS MUST OBTAIN A PERMIT A HEALTH DEPT PERMIT & /POST ON SITE: CONTACT # (209)966-2220.
4. VENDORS ARE LIMITED TO A 4 PPL IN THE BOOTH AND (1) VEHICLE BEHIND THE BOOTH AT ALL TIMES.
5. A LIST OF PEOPLE WORKING PER DAY MUST BE PROVIDED TO THE VENDOR CHAIR PRIOR TO THE EVENT.
6. VENDORS MUST PROVIDE THEIR OWN ELECTRICITY; ALL POWER DEVICES MUST CONTAIN FIRE SUPPRESSION DEVICES AND MUFFLERS TO PROHIBIT FIRES/NOISE.
7. BY SUBMISSION OF THIS FORM, THE L.M.C.S.G. IS NOT RESPONSIBLE OR LIABLE IN ANY WAY FOR ANY ISSUE RESULTING FROM YOUR PARTICIPATION IN THIS EVENT.
8. A COPY OF YOUR LIABILITY INSURANCE MUST BE PROVIDED PRIOR TO THE EVENT.

SET UP: Thursday 8am-5pm, Friday, 3pm-5pm and Sat/Sun 7am-830am, with all vendor vehicles and extra set up people *cleared from the event area by 8:30am.* Sat/Sun, both days vendors open at 900am.

RETURN this completed form w/menu/prices to 4253 Woodview Ln, Mariposa, CA 95338

Name: _____ Date: _____

Signature: _____