

Mail Application: SCCC PO Box 355, Dushore, Pa 18614

FOOD VENDOR APPLICATION

ANNUAL SULLIVAN COUNTY FALL FESTIVAL

Craft Show, Lumberjack/Chainsaw Carving Competitions, Children Activities, Quilt Show/ Sale

Sullivan County Fairgrounds, 4430 Route 154, Forksville, PA

Second Full Weekend in October ~~~~~ 9:00 a.m. to 5:00 p.m. both days

Deadline for entries: October 1, of that year Vendors accepted later will be assigned space on a first come,

first-served basis. **We reserve the right to refuse a duplication of food items.**

Business Name: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

PA Sales Tax # _____ e-mail _____ Fax _____

Food Items: Please be specific. _____

Food Unit Space Size: Basic 10x20 (15amps) **\$275** Add'l footage - **\$2.00** per ft **Cost \$** _____

Basic 10x20 (30amps) **\$300** Add'l footage - **\$2.00** per **Cost \$** _____

Additional Vehicle with refrigeration apart from Concession \$35 per day Cost \$ _____

Additional Vehicle with refrigeration /lodging apart from Concession \$45 per day Cost \$ _____

If additional days are required please contact the office 272-202-0123 Total Cost _____

Propane users will be charged at the end of festival. Readings before and after are done by Fair Board.

Insurance Co. Name for Liability Coverage: _____

Policy Number: _____ **Expiration Date:** _____

Note: Liability insurance is a must for this event. Please have your insurance company send Certificate of Liability that covers the dates of the event and name as Certificate Holder, Sullivan County Chamber of Commerce, PO Box 355 Dushore, Pa 18614. We should receive this no later than **October 1, 2024**

SET-UP: Friday, before the event 8:00 a.m. to 8:00 p.m. **OVERNIGHT SECURITY PROVIDED**
Saturday, Day of Event 7:00 a.m. to 8:00 a.m.

DISMANTLE: Sunday, After Event after 5:00 p.m.& off grounds@ reasonable time **NO EARLY BREAKDOWNS**

events@sullivanpachamber.com Phone 272-202-0123 www.sullivancountypachamber.com

SIGNATURE _____ DATE _____

PLEASE DECORATE YOUR BOOTH WITH A FALL THEME!

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Second Full Weekend in October - 9:00 a.m. to 5:00 p.m. both days

CONCESSIONAIRE AGREES: Provide food services for the Fall Festival.

FOOD ITEMS: Sell **only** those items listed on the application. The Sullivan County Chamber of Commerce has the right to reject any application or food item. **The Chamber does the best we can to not have duplicated food items. Your cooperation is appreciated.**

PROVIDE A CERTIFICATE OF LIABILITY INSURANCE: Name the Sullivan County Chamber of Commerce as certificate holder with dates to cover the show.

VEHICLES ARE NOT PERMITTED ON GROUNDS: Parking passes to be displayed on the dashboard of your vehicle and must be visible. Food unit for lodging is not permitted. (Call Chamber for explanation, if needed)

CAMPING/ ADDITIONAL VEHICLES: Available only for food vendors requiring **refrigeration**. For a list of campgrounds, inns, motels and B&B's nearby go to **www.sullivancountypachamber.com**

TRASH REMOVAL: All trash must be placed in the dumpster at the end of each event day.

PETS: On the grounds must be well behaved and must be keep on a leash at all times and the owner must clean up after the pet.

Use of alcoholic beverages and / or drugs will not be permitted on the grounds.

REFUNDS: Prior to **August 15, 2024**, refunds will be given at the discretion of the Fall Festival Committee and will be subject to a \$5.00 processing fee.

PROMOTION: *We use paid advertising, news releases, events columns, radio, posters, 10,000 brochures, website, the Endless Mountains Visitors Guide, and various publications which contain calendar of events. We also will be utilizing Facebook which has been a very successful advertising tool.*

DISCLAIMER:

We the undersigned does hereby forever discharge, release, and hold harmless the Sullivan County Chamber of Commerce and all its agents from any and all manner of action of suits, damages, or claims whatsoever arising from any loss or damage to persons or property of the undersigned while participating in this event and hereby consent to the enforcement of all rules and regulations of the show. Photos/videos from the event may be used for marketing by the Chamber.

Signature _____ Date _____

Please send your check (**no post-dated checks, please**), this **signed contract**, and the **signed application** to:

Sullivan County Chamber of Commerce
P. O. Box 355 Dushore, Pa 18614