

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

SPECIALTY VENDOR APPLICATION
ANNUAL SULLIVAN COUNTY FALL FESTIVAL
Sullivan County Fairgrounds, 4430 Rt. 154, Forksville, PA 18616
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-serve 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. _____

Two free parking and entrance passes per vendor

Inside: Café Kitchens Basic 8'x10' **\$134.00** Electric **\$30** Cost \$ _____

Outside: Basic 10'x10' **\$115.00** Electric **\$30** **(Vendor must supply tent & tables)** Cost \$ _____

Total Cost \$ _____

* 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 **September 15, that year**

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

DISMANTLE: **Sunday, When event is over 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

**SPECIALTY FOOD CONTRACT
ANNUAL SULLIVAN COUNTY FALL FESTIVAL**

**Craft Show, Lumberjack/Chainsaw Carving Competition, Quilt Show/Sale, Children Activities & Art Expo
Sullivan County Fairgrounds, 4430 Route 154 Forksville PA 18616
Second Full Weekend of 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 very best they can to make sure food items are not duplicated. Your cooperation is appreciated in this matter.

PROVIDE A CERTIFICATE OF LIABILITY INSURANCE: Name the Sullivan County Chamber of Commerce as certificate holder with the expiration dated after the show.

NO PARKING ON GROUNDS OF VEHICLES: Parking passes to be displayed on the dashboard of your vehicle and must be visible. Food unit for lodging is not permitted. (Any question, call Chamber)

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

OUTSIDE VENDORS: Must provide tents for 10X10 space. Call office if other arrangements are requested.

TABLES AND CHAIRS: Must be provided by vendor. Picnic tables with seating will be available on grounds.

TRASH REMOVAL: All trash must be placed in front of stand before 6:00 p.m. each 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 there pet.

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

REFUNDS: Prior to **September year of event**, 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, websites, the Endless Mountains Visitors Guide, and various publications which contain calendar of events. We will also be using Facebook as we have been having great success with it.*

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 consents 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

Please return both copies