

Office Use Only:
Date Received _____
Amount Paid _____

**Powhatan County Fair
Food Vendor Application**

All Information on this 2 page application must be completed

Business Name of Vendor: _____

Business Mailing Address: _____

City, State, Zip Code: _____

Business Phone: _____ Business Cell phone _____

Business E-mail: _____

Person in Charge: Name: _____

Cell Phone: _____

List items to be sold: _____

Vendor Schedule

Thur: September: 23 5:00 PM to 11:00 PM (must be set up by 11AM for inspection)

Fri: September 24: 5:00 PM to Midnight

Sat: September 25: 10:00 AM to Midnight

Sun: September 26: 1PM to 8:00 PM

Standard Booth size: _____ \$ _____ a day Extra space can be reserved at additional cost.

Select one: Single Space \$ _____ **Double Space** \$ _____ **Triple Space** \$ _____

Regulations:

1. Vendors will be assigned space taking into consideration space needs; past practice and seniority of participation.
2. Vendor must pay for space prior to set-up. \$20 Service charge for returned checks.
3. Before commencing any activity, all food vendors granted approval to operate on the premises shall provide a certificate of general liability insurance naming the Powhatan Fair Association, its employees, agents, representatives and volunteers as "an additional insured". You must complete Insurance Information below.
4. Vendor must be set up and be ready for inspection by 11:00 AM Tuesday morning. Vendor must be in total compliance with State and Local ordinances as does your product and equipment.
5. Vendors will be permitted to unload supplies/equipment during appropriate times, then vehicles must be moved outside the event area.
6. Vendors may not share space. Only one business may be indicated on the application and on signage.
7. Vendor must provide their own tents, chairs, tables, extension cords, power strips, lighting, and generator for electricity.
8. Electricity is not provided unless stipulated in writing. Power will cost an additional fee.
9. No alcohol may be consumed by vendors, workers, volunteers, or employees on site during working hours.

10. Vendor must occupy the space for the duration of the Fair unless otherwise stipulated in writing.
11. Security for the grounds will be provided by the Powhatan Police Department during the Fair hours
12. NO PART OF THIS DOCUMENT MAY BE CROSSED-OUT OR OTHERWISE ELIMINATED OR MODIFIED.
13. This Agreement is for rain or shine. Any such interruption, postponement or cancellation shall not affect the space rental fees.
14. Vendor shall designate a person-in-charge as his representative to be responsible for decisions necessary to complete any and all aspects of this agreement. This person shall be on-site and fully available from the beginning of load-in through the completion of load-out.
15. The facilities kitchen shall be used by person(s) to which it is has been assigned with no outside traffic allowed, meaning getting water and/or ice will not be permitted. This activity is in violation of the State and Local Health Code. Person in violation may be penalized and fined as deemed appropriate by Health Office by authority of health department.
16. The PFA will not be responsible for any item or equipment vendors leave on the grounds.

Insurance Information:

Vendor must provide copy of liability Insurance naming Powhatan Fair Association as an additional insured for agreed time period required.

Insurance carrier & Policy Number: _____

Address: _____

City, State, Zip Code: _____

Business Phone: _____ Fax _____

Insurance Contact Person E-mail: _____

I have read and understand regulations and I agree to comply with the regulations. All revision or addition in terms of this agreement must be in writing and approved in writing by all parties. I understand failure to comply with the regulations may result in expulsion from the event without a refund.

Vendor:

By: _____ Date: _____

Powhatan County Fair Association:

By: _____ Date: _____

Make checks Payable to:

Attn: Charlotte Jackson
 Powhatan Fair Association
 PO Box 511, Powhatan, VA 23139

Review by : _____ Paid in Full: _____ Partial Payment: _____

Approved Denied