



Saturday, September 18, 2010 Food Vendor Application

General Information Applicant to provide:

Canopy

Extension Cords: 100 foot long

No Water Available – you must pack your own

Generators for Food Booths

- | | | |
|--|-----------------|----------|
| ○ 10 x 10 | Space for Booth | \$60.00 |
| ○ 10 x 20 | Space for Booth | \$120.00 |
| ○ Power Hook-up Fee Per Plug (20amp, 110v) | | \$10.00 |

All Vendors **MUST** provide a copy of your Tax ID Number

All Food Vendors must provide the following to consider your application complete.

1. Copy of Health Permit for food booths (Contact Southwest District Health for Application, 455-5400)
2. Copy of Proof of Insurance

Application Deadline is August 31, 2009

Instructions on Set-up will be sent around the end of August

NOTES:

1. There will be a limited number of Food Vendors accepted in 2010. Almost all Food Vendors will be setup in the Food Court area at 7th and Arthur.
2. There will be the Collegiate Night Dance the night before the Festival. The Dance will run from 6pm until 11 pm. Food Vendors are invited to setup on Friday and provide their wares to attendees at the Dance. Security will be provided from the time the Dance is over until the next morning for the Food Court. There will be no extra fee for those who decide to attend both events.

If you have any questions, please contact Ken Wien at 455-4730

Indian Creek Festival

Food Booth Registration Application
Saturday, September 18, 2010

Booth Size: 10 x 10 10 x 20 (circle one)

Organization/Vendor: _____

Contact Person's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email/Fax _____

List of Food, & Services to be Supplied:

Electrical Need for Food Booths: 110v yes no (circle one)

How many plug-ins? 1 2 (circle one)

AMPS required _____

Vendors to provide one 100 foot extension cord per plug-in. There is a \$10.00 charge per hook up.

In consideration of acceptance of the registration, I for myself, children, guardianship, and anyone entitled to act on behalf of anyone registered for the above mentioned programs, agree to waive any claim against the City of Caldwell, its employees or its agents for injuries that may occur as a result of my participation in this program. My signature acknowledges that I understand the risk involved in the activity to avoid injury.

Signature: _____ Date: _____

After approval of your contract, you will receive a letter along with a map of your assigned space number.



Return all forms to: Ken Wien
P.O. Box 1179
Caldwell ID 83606

Questions 208-455-4730 Phone
 208-455-3003 Fax
 kwien@ci.caldwell.id.us

Total Charge \$ _____ Booth # _____