



P.O. Box 5009 Bella Vista, AR 72714
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OCTOBER 18-20, 2012

FOOD VENDOR APPLICATION

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

EMAIL: _____

Booth Fee is \$175 with 15% commission on all sales.

Please fill in all the information below – it will help us prepare the best available space for you. Thank you.

1. Size of your food booth/vehicle: Length _____ Width _____

2. Electrical requirements (include, amps used, number & kind of outlets, etc.):

3. Please list **all** appliances that you will be using:

4. Approximate pounds of ice needed: _____

5. Please send a picture of your booth and a complete menu of items that you could offer (some may not be accepted due to duplication of other vendors). **DO NOT** send any money. We will notify you if space is available.

All food vendors must comply with the Arkansas Health Department regulations and will be inspected on site by the Department. You are required to display your Festival Booth Sign, your AR Dept. of Health Certificate, and your Certificate of Insurance.

By signing below, you agree to all the Policies as set forth for Food Vendors.

EXHIBITOR SIGNATURE _____ DATE _____

COMMENTS AND/OR REQUESTS – PLEASE USE BACK OF THIS FORM.

OFFICE USE ONLY

CHECK NO: _____ AMOUNT: _____ INITIALS: _____ DATE: _____