



A Taste of New Kent

2010 Wine Festival

Sponsored by the New Kent Chamber of Commerce

FOOD VENDOR APPLICATION

May 22, 2010 11AM-6PM, Rain or Shine

Business Name: _____

Address: _____

City _____ ST _____ Zip _____

Contact Name: _____

Phone: Day _____ Eve _____ Email: _____

Menu: _____

Only items listed on the application will be allowed. No sharing of booth space.

Please include photos. Applicants will be juried.

All applications and payments must be received no later than March 31, 2010.

Food Vendor - I will participate in the Wine Festival on Saturday.

Cost: **\$400.00** for a space that is approximately 20'x20', you will also receive an 18"X24" company sign to be posted at your designated location. Please indicate the size of your tent or trailer. If you wish to be provided with a tent, the cost for us to supply a 20'x20' tent is \$225. Each food vendor needs to obtain a health department permit from New Kent Health Department (804) 966-9640 and a copy can be mailed, or scanned and emailed to: michellebutler86@gmail.com. All Health Permit applications must be submitted to the food vendor coordinator, Michelle Butler, **no later than April 23, 2010.**

Tables and chairs may be rented:

- I would like to rent _____ 2" x 8" banquet tables at \$20.00 each.
- I would like to rent _____ chairs at \$5.00 each.
- I would like to rent _____ 20' x 20' tent at \$225.

TOTAL DUE: vendor space \$_____ plus tables \$_____ plus chairs \$_____
Tent \$_____

EQUALS \$_____

My check # _____ is enclosed or MC/VISA/Discover/AMEX account number is:
_____ Expiration date: _____

Name on Credit Card _____

Application Agreement

Vendors will supply all materials for set up, sales, display and/or demonstration. Space allotted is at the discretion of the Event Coordinator. Food vendors are required to obtain the proper permit from the Health Department; their number is 804-966-9640. The application can be also obtained online:

http://www.vdh.state.va.us/LHD/Henrico/Temporary_Food_Permit_Application.pdf

The Festival reserves the right to deny participation without registration refund to any vendor who displays inappropriate items for this event.

A certificate of liability insurance must accompany all applications.

I have read and agree to the above criteria for the A Taste of New Kent Wine Festival. I further agree that the a Taste of New Kent Wine Festival, New Kent Chamber, the New Kent Vineyard nor their representatives will be held responsible for any loss, theft, or injury.

(SIGNATURE)

(DATE)

*For additional information call Michelle Butler at 757-570-2329 or email
michellebutler86@gmail.com.
This application may be mailed...*

***A Taste of New Kent Wine Festival, P.O. Box 119
Providence Forge, VA 23140***

atasteofnewkent.com