



Wakefield Rotary Club Annual Balloon Festival July 20-22

Food Vendor Application 2018

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- Please complete this form and return to Robert Cruz at bcruz1@cox.net.
 - Your deposit needs to be mailed to Wakefield Rotary Club, PO Box 382, Wakefield, RI 02880
 - Checks should be made out to "The Wakefield Rotary Club"
 - A deposit of 50% of the total amount owed needs to accompany this application to reserve your space.
 - The remaining balance needs to be postmarked by June 15th 2018.
 - Any applications received after June 15th 2018 will be subject to a \$50 late registration fee.
 - The Wakefield Rotary Club thanks you for your participation in our HOT AIR BALLOON FESTIVAL! All funds raised during this event are donated back into the local community. You are an integral and important part of the FESTIVAL and we could not do it without you!
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Name of Applicant: _____

Email Address: _____

Phone Number: _____

Address: _____

Business Name: _____

Contact Person: _____

Food License Number: _____

A Brief Description of the Food Items for Sale: _____

Registration deadline is June 15, 2018. Late applications will be accepted, space permitting, until June 30th, with a late registration fee of \$50.00. No registrations will be accepted after that time.

____ I have a RI Retail Sales Tax permit. RI Tax #: _____ *Copy of permit must accompany application.*

____ I need a temporary RI Retail Sales Tax Permit. _____ I have included a \$10 fee with this application.

____ I will apply for a RI Sales Tax Permit (RI Division of Taxation, One Capitol Hill, Providence RI 02908-5800 and provide the Crafter committee with a copy of the permit prior to the festival.

Each Vendor will receive one parking permit per booth in the vendor parking lot. All others must park in general parking. If the parking permit is lost it will not be replaced.

Vehicle information: License Plate # _____ State: _____ Make/Model _____

Handicapped parking required: _____ Special Needs: _____

Overnight RV parking is available through a separate application available on the balloon festival website.

For more information, visit: www.southcountyballoonfest.com

Or contact committee members at: scballoonfestival@gmail.com or 401-379-4298.

Place a check mark on your selections below:

_____ 1 Frontage of 10' with 1, 20 AMP Duplex Power Box: \$850.00

_____ 2, 10' Lots with 1, 20 AMP Duplex Power Box: \$1,500.00

_____ 3, 10' Lots with 1, 20 AMP Duplex Power Box: \$2,100.00

How Many Additional 20AMP Power Boxes Do you Need?

_____ x \$50.00

Total Amount Due: \$ _____

As a participating vendor, I agree to accept all responsibility for my work/product as well as for the booth and display materials, and hereby release The Rotary Club of Wakefield, the University of Rhode Island and the Town of South Kingstown, from any damages to my property or from any claims for losses or injuries. The event is out doors & can be impacted by weather. Payment & deposits are nonrefundable. I agree to these terms and conditions.

Print Name: _____

Signature: _____

Date: _____