**VENDOR APPLICATION**

**Gibson City, IL – September 14th, 2024, Retail and Food**

**Vendor applications are due by 7/29/2024**

**Please review Guidelines below before making selections.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vendor Information** | |  | **Vendor Selections:** | **Quantity** | **Fee** | **Total** |
| Company/Organization: |  |  | Craft, Retail, Misc. 12x12 |  | $50.00 | $ |
| Contact Name: |  |  | Non-Profit Misc. 12x12 |  | $25.00 | $ |
| Address: |  |  | Specialty Food |  | $50.00 | $ |
|  |  |  | Food Booth 12x12 |  | $100.00 | $ |
|  |  |  | Food Trailer |  | $100.00 | $ |
| Phone: |  |  | Total |  |  | $ |
| Email: |  |  |  |  |  |  |
| Product(s) sold or Menu: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**GUIDELINES**

* Space is limited, all vendors must be approved. Should your business/organization not be approved you will be notified, and your funds will be returned.
* Food Vendors – Please provide your complete menu. We make every attempt to not duplicate like food trucks/ trailers to enable fair business opportunities for everyone. If you do not have enough room on this form, please send your menu items via email to GCHarvestFest@outlook.com.
* All Vendors needing power will have to bring their own generator(s). **NO POWER will be provided.**
* Payment and Insurance documents are due at the time of application submission. Insurance is required for Food Vendors only.
* Make payments payable to Gibson Area Chamber of Commerce. Please included Harvest Fest on the Memo Line. Send checks with application to Harvest Fest, PO Box 89, Gibson City, IL 60936
* Booth Fees are NON-Refundable unless cancellation is received in writing before 8/14/2024.

**ACKNOWLEDGEMENT OF FESTIVAL RULES & REGULATIONS**

I acknowledge that the Harvest Festival Rules and Regulations have been received, read, and fully understood. I agree to abide by the stated rules and by the Ford County Health Department regulations as required. I understand that failure to comply with the 2024 Rules & Regulations and/or the Ford County Health Department regulations can result in refusal of Vendor Application or removal from the Harvest Festival.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signer's Name: |  |  | Signature: |  |
| Date: |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use Only:** | | | |
| Amt Recd: |  | Date Recd: |  |
| Check # |  | Permit/Insurance Recd: |  |