
30th Annual Jubilee Festival Food Vendor Application
September 29 & 30, 2018

**Please Submit Your Application To:
Eastern Shore Chamber of Commerce
327 Fairhope Ave.
Fairhope, AL 36532
Call: (251) 928-6387 or Email: lroberts@eschamber.com**

Deadline for applications is July 20

Name of Commercial Food Vendor: _____

Contact Name: _____

Telephone: _____ Cell _____

Email address: _____

Mailing Address: _____

Food description: _____

Food Court Requirements:

- Units must be self-contained. Water will be provided in the Food Court to fill holding tanks only.
- At the end of each day, vendors will be required to dispose of contaminated water. Each vendor is responsible for any supplies needed for this disposal and to treat holding tanks.
- Trash must be placed in garbage bags (provided by vendor) and sealed to be picked up each evening by the City of Daphne Sanitation Department.
- Vendors bear the responsibility for all set-up and security needs. Neither the ESCC, its representatives, the committee, nor the City of Daphne will be responsible for loss or damage of any kind.
- All vendors must comply with the City of Daphne safety and fire prevention codes, and have appropriate fire extinguishers.
- All vendors must provide proof of insurance when submitting the application.

In-Show Vendor Requirements:

Vendors selling commercially pre-packaged foods and canned beverages will be placed within the Festival, among the exhibitors. A health food permit is NOT required for these vendors.

BOOTH FEES: Make check payable to:
 EASTERN SHORE CHAMBER OF COMMERCE

Fees for Commercial Food Vendors:

- _____ \$600 Commercial Food vendor in Food Court
- _____ \$500 Member of Eastern Shore Chamber of Commerce
 (Commercial Food Vendor in Food Court)
- _____ \$300 In-Show Food Vendor (pre-packaged, non-cooked
 foods and canned beverages. (Limited electrical and
 water availability).

Health Department Permit Fee: Check Payable to *Baldwin Co. Health Dept.*

_____ \$50 permit Fee (Not required for In-Show pre-packaged food vendors.
 Please fill out Health Department form at the end of this application.

Insurance

_____ Provide proof of insurance when submitting this application.

Electrical Requirements:

Number of electrical outlets required: 110 Volts _____ 220 Volts _____
Estimate of wattage needed: Amps _____
(220 cord will be hard wired – have cord end ready)

Space Requirements:

Length along curb: _____

Width from curb out: _____

** (Include trailer hitch or unusual pump-outs, table and chairs, etc., give dimensions of a rectangular box that would contain your booth.)

Applicant Signature: _____ Date: _____