

*Sign and return this application form-
A copy will be in your packet*

**Concession Application for Space at the
Annual Ashtabula Covered Bridge Festival
October 14th and 15th, 2017**

This agreement between the Ashtabula Covered Bridge Festival Committee (lessor) and the undersigned Concession operator (lessee) is for the operation of a concession at the Ashtabula County Covered Bridge Festival. The following shall apply:

- 1.) The lesser, Ashtabula Covered Bridge Festival Committee, shall not be responsible for any injury or loss that may occur to the lessee or his/her goods for any cause whatsoever, while said premises are being occupied by the lessee under this agreement.
- 2.) **Lessee must provide proof of a liability insurance policy providing the name of your insurer on the application form. It is not necessary to provide a copy of this form to us. Please have your insurance information available should the need arise. Per the Health Department, food vendors MUST submit vendor license to us BEFORE the festival.**
- 3.) The Festival Committee will provide one space for an 8-foot table. The Committee **WILL NOT PROVIDE TABLES, CHAIRS OR OTHER EQUIPMENT**. Please note that there is no price difference between an inside and outside space because the outside spaces are larger; 10' by 10'.
- 4.) Set-Up: On Friday October 13th from 12 noon to 6:00 pm. All vendors may check in and pick up their packets at the Community Center (On Friday, not before Friday). Saturday October 14th and Sunday October 15th, 2017 all booths must be set up by 8:30 am and shall be ready to operate by 9:00 am.
- 5.) Hours: Saturday 9:00 am. - 5:00pm and Sunday 9:00am – 5:00pm
Pancake Breakfast – 9:00am – 1:00pm
Sunday Church Service – 9:00am

Booths should be open all hours designated and we request that tear down not occur before 5:00pm. on Sunday October 15th. 2017.

THOSE THAT TEAR DOWN EARLY WILL NOT BE INVITED BACK THE FOLLOWING YEAR.

- 6.) **Crafters** - No Flea Market items will be allowed for sale.

Food Vendors – Must Submit a detailed copy of foods to be sold along with pricing. **NO DEVIATION** from set prices are permitted at the festival. **NO** guarantees that vendors **WILL NOT** sell the same product. **Per the Health Department, food vendors MUST submit license to us BEFORE the festival.**

All Vendors must keep their site clean and neat in appearance at all times.

- 7.) Any vendor in violation of the guidelines will be immediately ejected from the Festival. Such ejection is irrevocable and not subject to appeal.
- 8.) All announcements made during the Festival will take precedence over any and all previous announcements and /or regulations.
- 9.) **All Applications must be received with payment by Oct 6, 2017.** We will hold spaces for **past participants until June 31, 2016.** If you have not returned your application and fees by June 31st, you will then be placed in available spaces.
- 10.) There will be **NO REFUNDS** for any reason.

2017 Ashtabula County Covered Bridge Festival Vendor Application
Please fill out the type of space needed
Outside spaces are 10' x 10'
Inside spaces are for an 8 foot table

CRAFTS –

Inside Space \$50.00 per space _____ Number of Spaces _____ Total Amount _____
Outside Space \$50.00 per space _____ Number of Spaces _____ Total Amount _____
Need Electric (Y or N) _____

FOOD CONCESSIONS –

Tent \$200.00 per tent _____ Number of Spaces _____ Total Amount _____
Trailer \$300.00 per trailer _____ Number of Trailers _____ Total Amount _____
Need Electric (Y or N) _____ Need Water (Y or N) _____

PLEASE PRINT INFORMATION

ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

ITEMS TO BE SOLD _____

(Use the back of this form if more space is needed)

VENDOR LICENSE NUMBER _____

(If you have one)

NAME OF INSURANCE COMPANY _____

INSURANCE NUMBER _____

(Note: You can get a rider on your home owners or car insurance)

I have read and agree to the above terms and conditions:

(Print Name)

(Signature)

(Date)

Make checks payable and mail to:

**Ashtabula County Covered Bridge Festival
25 West Jefferson St.
Jefferson, Ohio 44047**

For Office Use Only – Do Not Write in this Area

Date Deposit Received _____ Check # _____ Cash _____ Amount \$ _____

Approved by _____ Confirmation Date Sent _____

BUILDING/ROOM ASSIGNED _____ SPACE NO. _____