

July 26th & 27th, 2024



Food Vendor Business Name; _____

Contact Person; _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Will Accept Text Messages Yes: _____ No: _____ Sales Tax Number _____

Email Address: _____

Days Attending: ____ Friday, July 26th ____ Saturday, July 27th Time Recommendations (Friday) 3pm-1am(Saturday) 10am-1am

Food Vendor space is \$50. After May 31st the price increases to \$60 for one 10'x10 lot. Please include a copy of complete menu with prices.

Number of lots needed:

_____ 1. (one) _____ 2. (two)

If you need electricity: _____ 220 _____ 110

Space Desired: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Spaces are available on a first come first served basis. We will try to do our best to accommodate your needs. However, we **cannot guarantee** reservation of the space you indicated above. Tent(s) is allowed in front of your food vendor trailer. Space is limited to only 2 (10'x10') tent(s). Please contact me for tent approval. Only **One** personal vehicle can be in the food vendor area. For the safety of foot traffic please refrain from coming and going with your personal vehicle after you've set up your food trailer.

I agree and hereby waive, release and discharge the City of Wilson, Wilson Czech Festival Committee, its directors, employees, volunteers, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted from all liability for or by reason of any damage, loss or injury to a person and property, even injury resulting in death, which has been or may be sustained in consequence of participation in the Wilson After Harvest Czech Festival. All federal, state and local laws governing retail sales tax must be followed. Furthermore, I agree to comply with all rules and requirements as stated. The Wilson Czech Festival Committee and its volunteers have the ultimate and final decision regarding in actions during the festival and reserve the right to deny participation to any individual without reason.

Authorized Signature: _____ Date: _____

Printed Name: _____

Amount Enclosed: _____ Check #: _____ Paid with Card: _____

Food Vendors must attach full menu with pricing

Please make checks payable to Wilson Czech Festival, PO Box J Wilson, Kansas 67490