

2010 DANISH FESTIVAL FOOD VENDOR APPLICATION

August 20 & 21, 2010 Downtown Street Fair

Business Name: _____ Profit Non-Profit

Contact Person: _____

On-Site Contact (if different than above): _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: (_____) _____ Alternate Phone: (_____) _____

Fax: (_____) _____ E-Mail: _____

Please list items to be served*: _____

**Please be specific, listing all menu items you intend to serve, including beverages. The D.F. Committee reserves the right to limit menu items to be served. To protect each vendor, only the items approved by the D.F. Committee will be allowed.*

Will you offer authentic Danish items? If so, please list: _____

Unit Type (booth, wagon, etc.): _____ Due to food court layout, side service may be required.

Size of Unit (Please give exact dimensions: including tongue): _____

Special Needs (If you do not request the following items, they will not be available. Vendors must provide extension cords.)

Profit

Number of spaces required @ \$275.00 per 10' x 10'

- Water Hose hook up (no charge)
- 110 Electric # _____ circuits (\$25 charge)
- 220 Electric (50 amps) – (\$40 charge)

Other (please specify): _____

Non-Profit

Number of spaces required @ \$150.00 per 10' x 10'

- Water Hose hook up (no charge)
- 110 Electric # _____ circuits (\$25 charge)
- 220 Electric (50 amps) – (\$40 charge)

Applicant's Signature: _____ Date: _____

Please do not send money at this time. Upon your acceptance, we will send you a confirmation letter and invoice.

Mail form to: Danish Festival, Inc. – P.O. Box 211 – Greenville, MI 48838 Fax 616-754-9646

OFFICIAL USE ONLY

Date Received _____

Approved _____

Contract Mailed _____

Contract Rec'd. _____

Amount Paid: _____

Check/M.O. # _____



of Sites _____

Site # (s) _____

110 Elec. _____ 220 Elec. _____

Water _____

Other _____

Proud Sponsor of all Downtown Activities for Danish Festival 2010

SPECTRUM HEALTH
United Hospital

