



Food Vendor Application and Agreement

September 21st, 2019: 11am to 6pm

September 22nd, 2019: 11am to 4pm

Deadline for application: September 1st, 2019

Trade name: _____

E-mail address: _____

Contact Person: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number: _____

Booth Fee: \$150.00 Standard space per vendor is 10'x15'

An additional 5' will be charged a fee of \$20 (Maximum of a firm 30')

A picture of your complete set-up is mandatory and needs to be included with this application:

PLEASE PROVIDE THE FOOTAGE YOU REQUIRE EVEN IF YOU'VE ATTENDED IN THE PAST!

Your stated footage is final, this will be the maximum space reserved.

LENGTH: Front to back, your entire area needed _____

*Make sure you measure end to end and include tongue, trailer and hitch, any open door space you will require in your measurement to make sure you have access and ability to open doors during event.

Service Side: Please Circle

Driver's Side

Passenger's Side

Other (Please specify) _____

Serving Unit: Please Circle

Tent

Chuckwagon

Trailer

- Electrical outlets are limited. Use of personal generators must be a stand-alone unit and muffled to 80 D. B. max (for noise). Generators must be pre-approved. Vendors must provide their own cords, the cords must be in good condition and sized for the current amps they will be carrying. **There is an additional \$50 fee for electricity.** The Applefest planning committee will place all vendors/booths based on size, electrical needs and the date the application is received. A specific location cannot be guaranteed.
- **Proof of insurance REQUIRED with application: Certificate of insurance must be \$1M combined single limit commercial liability coverage; this is mandatory that our event is listed as an additional insured also as certificate holder indicating Bismarck Cancer Center Foundation dba Applefest . A sample certificate is enclosed. If it is not stated as such on your application you will be asked to revise.**
- Your space may be available for resale (No Refund) if payment/required paperwork is not received by September 1st, 2019.

In addition, if you'd like, we'd gladly accept a donation to be placed in our silent auction.

Please list food items you will be offering: (once submitted, you may not add or substitute food items!)
 Brewed coffee/tea and or fresh hand squeezed real fruit drinks are welcome, please list.

Soda, tea, water, gatorades, energy drinks, juices, etc. will be sold by BCCF only.

Booth fee	\$ 150.00
Additional fee for extra footage	+ \$ _____
Add \$10.00 late fee if submitting this application after September 1 st , 2019.	+ \$ _____
Add \$50.00 for electrical usage	+ \$ _____
Total =	\$ _____

Plus... enclose \$50.00 separate check as a refundable clean-up deposit.
Please make checks payable to Bismarck Cancer Center Foundation or BCCF

Office Use

Application Received: ____/____/2019 Insurance Received: ____/____/2019
 Booth Assignment: ____/____/2019 Photos: Y / N Booth Fee: \$ _____
 Late Fee: \$ _____



Statement of Agreement and Understanding

Food Vendor

Date and signature required

1. By my signature below, I agree to abide by the rules and policies set forth in this application and to advise all persons with me during this event of the same.
2. I agree to abide by all applicable North Dakota statutes, ordinances, regulations and those of the City of Bismarck. Specifically, I agree not to use or condone the use of drugs or alcohol in the event area and not to do any act which would constitute a breach of peace.
3. I agree to set-up at the time, place and manner instructed and to not tear-down until closing time or as otherwise directed.
4. I grant permission to Bismarck Cancer Center or Buckstop Junction to use photos, slides, tapes or other visual representations of my booth and my product without compensation.
5. I am totally responsible for my booth and exhibited personal property including the method of display, method of set-up, security for the protection of my property, sale of merchandise; take down of the booth and disposal of trash. I will provide all materials for my booth. I am responsible to bring my own tables/chairs needed for my booth.
6. I will provide Bismarck Cancer Center with Proof of Insurance for \$1,000,000 combined single limit commercial liability coverage by September 1st, 2019.
7. I will provide an additional \$50.00 refundable check for clean-up deposit.
8. I will set up my booth so that I respect the existing facility. I agree not to solicit outside my booth space.
9. In consideration of my use of the facility, I agree to indemnify and hold harmless the Bismarck Cancer Center and Buckstop Junction from any claims for damage to persons or property in any manner related to my use or occupancy of the event site. I release the Bismarck Cancer Center and Buckstop Junction from any liability for loss, damage, or theft of my property including damage or destruction of my booth.
10. Once Bismarck Cancer Center approved and accepted my application, my entry fee is not refundable.
11. Any proceeds derived from the sales of my product are entirely mine and I am entirely responsible for collecting and remitting any applicable sales taxes.
12. I have secured any necessary permits or licenses for the use of any copyrighted or trademark materials and will indemnify and hold the Bismarck Cancer Center or Buckstop Junction from any claims of infringement.
13. No Pets Allowed on the premises.

Any dispute with respect to this document or the materials furnished in anyway related to the Bismarck Cancer Center or Buckstop Junction will be resolved in Bismarck, ND whether by arbitration, mediation or litigation and I submit the jurisdiction of the Burleigh County District Court with respect to any litigation.

I have read this agreement and materials furnished with this form and agree to abide by them.

By my signature below, I hereby accept the terms and conditions stated on this Application and Agreement.

Signature of Vendor: _____ Date: _____

Mail required documents and check to:

**Bismarck Cancer Center
Attn: Shirley
500 North 8th Street
Bismarck, ND 58501**

*****Deadline: September 1st, 2019**