



**2014
MARTIN COUNTY FAIR
BBQ Fest**



April 25-26, 2014

**FOOD VENDOR APPLICATION
\$400 Entry Fee**

Company Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Cell Phone:** _____

Email: _____

What type of food items/products will you be selling?

Space will be 10'x12' - NO tent, table or chairs will be provided.

The event is Friday Night 3pm-10pm and Saturday 10am-10pm.
Vendors may not breakdown their display prior to 10pm on Saturday.

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators. waive any and all right and claims for damages I may have against the Martin County Fair Association, Inc. and the Martin County fair BBQ Fest their representatives, successors, and assigns for any and all injuries suffered by any person(s) or property. Further, I hereby grant full permission to the event organizers and/or other agents authorized by them to use photographs, videotapes, recordings, or other records of this event for legitimate reasons; I agree to abide by all the rules of the Martin County Fair BBQ Fest.

Vendors Signature _____ **Date** _____

Fax: 772-220-2424 or Mail: Martin County Fair BBQ Fest, 2616 SE Dixie Hwy., Stuart, FL 34996

Food Vendor Rules:

1. Set up times: Friday 9:00am to 2:30pm and Saturday 8:00am to 9:30 am.
2. Martin County Fair BBQ officials are not responsible for lost or stolen items.
3. Martin County Fair BBQ officials reserve the right to accept or reject any application for any reason. Confirmation & event information will be provided.
4. Vendors must keep their space clean of trash/debris. Any trash left on site will be removed at the vendor's expense.
5. Vendors must park in designated areas.
6. This is a rain or shine event – entry fees are non-refundable.
7. Water and electric service may not be available on site.
8. Please no tearing down until after 10:00pm on Saturday.
9. No vehicular traffic is permitted in the event area after 2:30pm on Friday and 9:30am on Saturday.

Signature: _____

Name: _____ Date: _____

Payment Authorization

Payment Method: Visa MasterCard Amex Check # _____ Cash

Credit Card Number: _____ Exp. Date _____

Name on Card: _____

Amount Approved for \$ _____ . _____ Billing Zip Code: _____ Security Code: _____

Authorized Signature for Credit Card Payment: _____

Make checks payable to: Martin County Fair Association, Inc./BBQ Fest