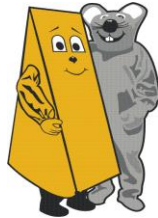


Cheese Festival



September 2,3,& 4,
2023

Contact Person: _____ Booth Name: _____

Company Name: _____

Contact Phone: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

***We are trying to be as paperless as possible. Please provide the best email to contact you. ***

Has your organization participated in the Cheese Festival in the past? YES NO

ALL VENDORS: Please submit your application with your payment detailed below. Please note that under NO circumstances will your organization be accepted into the festival until ALL necessary documents have been received and the application have been completely filled out.

*****PLEASE SEE RULES PRIOR TO FILLING OUT APPLICATION**

***** BOOTH ONLY INCLUDES SPACE: CHAIRS, TABLES, TENTS NEED TO BE PROVIDED BY VENDOR**

Before July 31, 2023

	10'X10' BOOTH	10'X20' BOOTH	10'X30' BOOTH	10'X40' BOOTH	DRINK ONLY 10'X20'
FOOD	Not Available	\$480	\$650	Not Available	\$400
MERCHANDISE	\$90	\$160	Not Available	\$225	
NON-PROFIT	\$70	\$90	Not Available	\$140	

After July 31, 2023

	10'X10' BOOTH	10'X20' BOOTH	10'X30' BOOTH	10'X40' BOOTH	DRINK ONLY 10'X20'
FOOD	Not Available	\$530	\$700	Not Available	\$450
MERCHANDISE	\$110	\$175	Not Available	\$250	
NON-PROFIT	\$90	\$110	Not Available	\$160	

***** Food Vendor fee includes water and electricity. Electricity 120v 50a ONLY**

Electricity (damage free, heavy duty outdoor extension cord required) \$45.00

+ =
 Total Booth Fee Total Utilities Total Due

(continued→)

Please list your menu or top four products you will be selling. This information is used for promoting the festival and booth placement. **Failure to fill this area out will result in application being denied** (If more space is needed please continue on back of sheet).

Please review the rules and list any special needs and considerations you require. **If you are a new vendor, you are required to supply a picture of your set-up.**

Promoter has complete decision rights of acceptance.

I Agree that the Arthur Area Association of Commerce and/or the Village of Arthur will not be held responsible for accidents, injury, loss or damage to my person or property should any occur. My signature affirms this statement.

Print Name _____

Signature _____ Date _____

Please make checks payable to AAAOC *IL. Sales Tax # _____ **(Required)**

Check Visa MasterCard Exp Date: _____ Credit Cards ran through PayPal

CC# _____ V Code _____

Please print name as it appears on CC _____

Returned Check Policy: \$35 fee and cash payment required.

Return completed application, payment and **proof of insurance** to:

Arthur Area Association of Commerce
2478 CR 1700E
Arthur, IL 61911
Phone: (217) 549-8333

Email: Arthurfestivals@gmail.com

Website: www.Arthurfestivals.com

Office Use Only:

Date Received _____

Sent Confirmation _____

Check#/CC _____

Proof of Insurance _____