



Food Vendor Application

Company Name _____

Contact Name _____

Mailing Address _____

Telephone _____ Fax _____ Cell _____

Email _____ Sales Tax ID# _____

Menu Category (check one)

American Greek Italian Hispanic Asian

Middle Eastern Other (please specify) _____

Please list your menu items to be sold at the event.

Booth:

We supply 10'X10' Space (more space can be provided upon availability)

2 Six Foot Tables per Space

A 110 Electric Outlet next to each booth

Volunteers will be provided to all food vendors as needed

Terms:

1. All vendors will be expected to remain open during the hours of the festival.
2. I understand that the SMF will not guarantee exclusivity of my product.
3. I understand I cannot sell any liquids or beverages or sweets at this event.
4. I understand that I must apply for my own temp. health permits from the City of Sugarland.
5. I understand that I may sell only what has been approved on the attached menu list.
6. I understand that my company logo and link to my website will be featured on SMF website.
7. I understand that the SMF will not charge for the booth, but I will donate 50% of all proceeds.
8. I accept all the terms set forth in this application and certify all the information supplied to be correct to the best of my knowledge.

Company Representative _____ Date _____