

SMOKIN' IN MCMINNVILLE
AUGUST 10 & 11, 2018
VENDOR APPLICATION

No Charge



Booth Dimension 15' x 10'

Business Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____

Business phone: _____

Cell phone: _____

E-mail: _____

Please describe items being sold and cost of each item:

Electrical Requirements (\$10 for electricity) _____

Check and 2-page application should be sent to:

MCMINNVILLE PARKS & RECREATION

500 GARFIELD STREET

MCMINNVILLE, TN 37110

Dear Smokin' In McMinnville Vendors,

Thank you very much for your involvement in the annual Smokin' in McMinnville Barbecue Festival. To insure the success of this event please read the following vendor agreement, sign the bottom of the form and return to McMinnville Parks and Recreation by the deadline date.

Booth Dimension: 15' x 10'

Electricity: We have very limited electricity at this current location and electricity is provided on a first come first serve basis. **ONLY THOSE WHO HAVE BEEN PRE-APPROVED MAY USE THE ELCTRICITY.** Those pre-approved must be plugged in by authorized personnel only. Pre-approved vendors shall bring their own cords. Please make every effort to be self-contained.

Health Department Permits: You are responsible for obtaining all Health Department permits regarding the temporary food service at the event. These can be obtained by contacting **(931) 473-6160 ext. 117.**

USDA: Vendors who prepare food off site must have a USDA Number. All items for sale must have ingredients listed on label in accordance with USDA regulations.

USDA Number: _____

Move-in Date: _____ Time: _____

Move-out Date: _____ Time: _____

Waiver of Liability: In consideration of accepting this application, I the undersigned agree to indemnify and hold harmless the Kansas City Barbecue Society, Arlie Bragg, City of McMinnville, City employees, McMinnville-Warren County Chamber of Commerce, employees, and volunteers of the McMinnville/Warren County Chamber of Commerce and any coordinators or sponsors against any claim or action or for any cause. I agree that I will be responsible for my own insurance and under a hold harmless clause that is made a part of this contract. I have carefully read and fully understand its contents. I am aware that this is a release of liability, hold harmless agreement and assumption of risk agreement and that it is a legally binding contract. I further understand that this release is binding to my heirs or anyone making a claim. I sign of my own free will. I also grant permission to use any photos, videotapes, motion pictures, or record of this event for any legitimate purpose.

Signature of Vendor _____ Date _____

Amount Paid: \$ _____ Date _____

All applications must be received by July 27, 2018 for consideration.