

Forks of the Wabash Pioneer Festival Food Application

FESTIVAL TIMES: Saturday, 10:00 A.M. - 6:00 P.M.

Sunday, 10:00 A.M. - 5:00 P.M.

PLACE: Hier's Park, 547 S. Briant St., Huntington, Indiana

Name of Organization: _____

Person in charge of booth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____

Food / Beverage items to be sold: _____

What is your approximate day and time of arrival: _____

VENDOR FEE: \$ 125.00 plus 10% of Gross Sales (10% Gross Sales fee is due by October 1)

ELECTRICAL FEE:

110 V – NUMBER REQUIRED _____ AMPS _____ X \$10.00 = _____

220 V – NUMBER REQUIRED _____ AMPS _____ X \$25.00 = _____

BALES OF STRAW WILL NOT BE ALLOWED AROUND FOOD BOOTHS

A FOOD HANDLER'S PERMIT WILL BE REQUIRED FOR ALL FOR-PROFIT ORGANIZATIONS. THIS PERMIT MUST BE ON SITE FOR THE BOARD OF HEALTH TO VERIFY. NONPROFIT GROUPS WILL BE EXEMPT FROM THE FOOD HANDLER'S PERMIT. YOU MUST SEND IN PROOF OF INSURANCE AS WELL.

Please include a diagram of your booth area with dimensions. Also complete the Health Department Food Permit located under the drop box "vendor info" on the website, then "printable application" listed as "Food Permit – Health Dept."

All food vendors must be set up by 9:00 a.m. Saturday for inspection by festival chairmen at 9:15 a.m.

I HAVE READ THE FESTIVAL REQUIREMENTS (UNDER DROP BOX "VENDOR INFO") FOR PARTICIPATION AND AGREE TO ABIDE BY THE POLICIES AS STATED. I AGREE THAT THE FORKS OF THE WABASH PIONEER FESTIVAL SHALL NOT BE RESPONSIBLE OR OTHERWISE HELD TO ANSWER FOR ANY DAMAGES THAT THE VENDOR OR HIS EMPLOYEES SUSTAIN AS A RESULT OF INJURY TO THEIR PERSON OR PROPERTY WHILE PREMISES ARE OCCUPIED UNDER THIS AGREEMENT.

Signature: _____ Date: _____

TOTAL FEE DUE WITH APPLICATION BY JULY 1. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. MAKE CHECKS PAYABLE TO THE "FORKS OF THE WABASH PIONEER FESTIVAL."

**MAIL APPLICATION, PROOF OF INSURANCE, AND CHECK OR MONEY ORDER TO:
Forks of the Wabash Pioneer Festival, Attn: Judy Johnson, 7725N-300W, Huntington, IN 46750
* Mail Health Department Food Permit to the address on the Health Permit with application fee.**

FESTIVAL REQUIREMENTS

Please read carefully the Festival Requirements attached or located on this website under the drop box "Vendor Info." By signing your application you agree to follow these requirements as well as any others stated by the committee.

(Revised 2013)

**HUNTINGTON COUNTY HEALTH DEPARTMENT
1330 S. JEFFERSON ST.
HUNTINGTON, IN 46750
(260) 358-4833 OFFICE
(260) 358-4899 FAX**

APPLICATION FOR TEMPORARY FOOD PERMIT

It is unlawful for any person to operate a food service establishment, mobile food service establishment, temporary food service establishment, retail food store, or temporary food market in Huntington County who does not possess a valid permit issued by the Health Officer. (Huntington County Ordinance 2011-15)

PLEASE TYPE OR WRITE LEGIBLY

ESTABLISHMENT INFORMATION:

Name of Establishment: _____

Hours of Operation: _____

Menu: _____

Festival Name (if applicable) _____

Date(s) of event: _____

OWNER INFORMATION:

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Signature of Owner/Manager _____ **Date** _____

Print name _____

FEES:

Unlimited Set-up: \$100 / year

Event Set-up: \$20 / event

Non-Profit: Application not required for all tax exempt organizations conducting fund raising events no more than 15 days per calendar year.