ARBUTUS ARTS FESTIVAL
CONCESSION APPLICATION
MAY 19, 2024 - HOURS: 10AM-5PM
SIZE 17X10-SPACE SIZE

Sorry NO Food Trucks are Allowed at this time due to Space !!

Company Name _____

Contact Name: _____ **Phone #**_____

Address: _____

_____

Email:_____ **Website:** _____

Name Permit Filed Under: _____

Concession Fee: For Profit $320.00 Non Profit $200.00

*include photo of stand with application.

ELECTRIC FEE **$40.00** **Amount Enclosed:** _____

***Food Vendors to sell their own beverages at $2.00 for water and sodas, per 16 oz. bottles. Beverages and ice will not be provided to sell by the Arbutus Festival. All Food Vendors are responsible for their own ice and beverages. We try not to let food vendors duplicate menu items being sold by another vendor.**

Menu Items to be sold (list all to be approved)& prices	Electric/Wattage-Amps needed $40.00 fee

DEADLINE: Completed applications and payment must be received by March 15, 2024 otherwise space cannot be guaranteed for the event. **You may go to our Website: www.arbutusartsfestival.com, complete the application and submit, and pay by credit card (you must be approved first and will be sent a link) or mail to Arbutus Arts Festival P.O. Box 7459 Baltimore, MD 21227 – Attention: Concessions. Please make checks payable to the Arbutus Arts Festival. Any questions please contact Arts Festival phone line at 443-833-4548 or email arbutusartsfestival@gmail.com**

In consideration for the right to participate in the Arbutus Arts Festival, I agree to hold Greater Arbutus Business Association (GABA), and any of its members individually or collectively, harmless for any loss of or damage to goods, wares, merchandise, or property, in, on or about the area in which the festival is to take place. Claim or cause of action against said association and any of its members individually, which arise as the result of any such loss or damage. I further understand that it is the discretion of the Arts Festival Chairman and Committee as to the location of a concession.

Signature/Vendor_____ **Date:** _____

Concession Coordinator: Application _____ Approved ____ Cert. of Ins.____ Permit: _____