



EXPERIENCE BANDERA

Saturday & Sunday
September 1st & 2nd, 2018
FOOD VENDOR
APPLICATION/INFORMATION & AGREEMENT

TYPE A Food Booth – A **TYPE A** food booth is defined as hamburgers, hot dogs, bar-b-que plates, sausage (in any form other than dried), turkey legs, rabbit, fajitas, Frito pies, shrimp, etc. A **TYPE A** food booth must agree to sell only the item for which the exclusive right is given. Example: a bar-b-que plate booth that receives an exclusive right to sell a plate lunch that includes beef, beans, potato salad, bread, pickles and onions may not sell sausage, pie, cakes, chicken or anything other than those items listed. Size for an open space is 20' x 10'; trailer spaces will be available. You must provide your own booth or canopy. A LIMITED NUMBER OF TYPE A FOOD BOOTHS WILL BE AVAILABLE.

TYPE B Food Booth – A **TYPE B** food booth is defined as any dessert-type foods such as pies, cakes, cookies, ice cream, candy, etc. **TYPE B** booths will receive an exclusive right to sell the on food items selected. Size for an open space is 10' x 10'; double spaces and trailer spaces will also be available.

TYPE C Food Booth – **TYPE C** food booths are reserved for drinks (tea, lemonade, or smoothies). **TYPE C** size for an open space is 10' x 10'; double spaces and trailer spaces will also be available.

CONCESSIONAIRE'S AGREEMENT

We agree to have adequate supplies of the food and/or beverages to fill our needs for sales on the event dates September 1st and 2nd, 2018. We understand we must collect sales tax if we are not tax exempt. We will be responsible for reporting this to the State Comptroller. We agree to comply with all health laws established by the State of Texas.

We agree to pour no wastewater on the ground at any time. ALL VENDORS MUST HAVE A CITY PERMIT. TO OBTAIN PERMIT CALL 830-796-3765. You can obtain over the phone and we will pick up your permit and deliver it to your booth on the day of the festival.

We plan to sell the following PRODUCT: _____

Name (Print or Type): _____ Sales Tax #: _____

Organization Name: _____ E-Mail*: _____

Mailing Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

****By providing your e-mail address, you agree to receive all future communications regarding the event electronically. Please check your e-mail in box often!***

We understand the Event will furnish electricity if arrangements are made in advance, but that we must check with an Event Official before using heavier loads than our pre-Event arrangement. **There will be an additional fee of \$10 for basic electricity.**

Do you need electricity? _____ YES _____ NO

All power is single phase. Any circuit over 20 amps will cost extra.

List each piece of equipment you will use that will needs electricity:

Description	110	220	Amps Needed

The \$10 electrical fee is for one (1) outlet with a duplex. No extension cords may be used without prior approval of Event electrician. Each additional plug will cost \$10 per plug. Any circuit over 20 amps will cost extra, including amount of materials and installation. Electrical requirements must be completed prior to August 14, 2017. No changes will be made after that date.

We understand we are to haul all our trash to the trash truck and that the event will not pick up the trash from our concession, nor will we use trash containers set up for visitors.

APPLICATION DEADLINE IS AUGUST 24, 2018. First come, first served for the limited vendor sites.

(PLEASE COMPLETE OTHER SIDE)

FOOD VENDOR BOOTH DESIGNATION

TYPE A BOOTH

TYPE B BOOTH

TYPE C BOOTH

Space Requirements: Number of spaces reserved: _____ Serve out of: ___ Drivers side ___ Passenger side ___ Back
 Trailer Space EXACT Size of Trailer Space: _____ (tongue included)

Please draw a photo of your trailer showing where your serving window is located and attach to application.

Open Space EXACT SIZE OF OPEN SPACE REQUIRED _____

Fee Schedule

	Bandera Resident	County Resident	Out of County
TYPE A BOOTH	\$200	\$220	\$240
TYPE B BOOTH	\$110	\$130	\$150
TYPE C BOOTH	\$110	\$130	\$150

**Please be sure to add the \$10.00 electrical fee if needed.
Non-Profit Groups Deduct 25% off the fee Charge**

PAYMENT AMOUNT: \$ _____ CHECK #: _____ (including electrical payment)

CHECK IN NAME OF: _____

Please make check payable to: **ARTHUR NAGEL CLINIC**

Mail to: **Experience Bandera, P.O. Box 1175, Bandera, Texas 78003**

I agree to abide by any regulation or reasonable request published or asked by the Arthur Nagel Clinic, coordinators of Experience Bandera. ***There will be no refunds after August 24, 2018 and no refunds in the event of inclement weather.***

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

For and in consideration of the Arthur Nagel Clinic and doing business as, "Experience Bandera", hereinafter referred to collectively as The Clinic, permitting ourselves, our spouses, our children, our relatives, and/ or our guests, to enjoy all activities and facilities of Experience Bandera, Bandera County, Texas, I hereby release The Clinic, their agents and employees from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against The Clinic, their agents and employees, arising out of or in any way connected with Experience Bandera, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of The Clinic, their agents and employees.

I further agree to hold harmless The Clinic, their agents and employees, from all claims, demands, suits, causes of action, or judgments which I, my spouse, my children, my relatives, and/ or my guests ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against The Clinic, their agents and employees, arising out of or in any way connected with Experience Bandera, Bandera County, Texas, for all personal injuries, known or unknown, property damages, acts, omissions, or negligence of The Clinic, their agents and employees.

I have read and executed this document with full knowledge of its significance.

SIGNATURE: _____ DATE: _____, 2018.

For additional information contact:

Genie Strickland, Event Coordinator

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210-215-1995