

# Thursday!Fest 2017

## Food Vendor Application

Business Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Contact Name if different from Owner: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Business

Owner

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**The City of Kalispell requires all vendors to purchase a permit at Kalispell Parks and Recreation – please include a copy of the permit with this application.**

**Food vendors** must also include a copy of current liability insurance.

Type of Business \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Health Permit Number \_\_\_\_\_ (Food Vendors include a copy with application.)

Items I would like to sell:

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I am a **food vendor** and have enclosed \$ \_\_\_\_\_ to pay for \_\_\_\_\_ week(s) at the Festival.

KDA members -\$10.00 per **10' food vendor stall** all 10 events paid in advance = \$100.00 – (Application for membership located at [www.downtownkalispell.com](http://www.downtownkalispell.com))

Non KDA members-\$15.00 per **10' food vendor stall** all 10 events paid in advance=\$150.00

Pay by the week – KDA member \$15.00 payable each week – First week enclosed

Pay by the week – Non KDA member - \$20.00 payable each week – First week enclosed

I have read and understood the Festival Rules and agree to the rules. I have also enclosed a signed copy of the hold harmless agreement and any applicable licenses/permits and insurance certificate.

Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Festival Coordinator: Pam Carbonari \* (406) 253-6923 \* [pam@downtownkalispell.com](mailto:pam@downtownkalispell.com)

**FESTIVAL LOCATION– 2<sup>nd</sup> Avenue E. between 1<sup>st</sup> St. E. & 2<sup>nd</sup> St. E.  
In front of The Museum at Central School**