

For Office
Use Only
Date Rcvd. _____ Vendor # _____ Amount Pd. _____ Check # _____ 2016 _____ 2017 _____

BURGOO STREET VENDOR APPLICATION FOR OCTOBER 8, 2017 PERMIT

(Please Print)

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. (_____) _____

E-Mail _____

ITEMS TO BE SOLD: **MUST BE FILLED OUT IN ORDER TO PROCESS** (Please Specify)

Please Specify One or Two Day

____ **Sunday Only Food Vendor --\$275** ____ **Saturday and Sunday Food Vendor \$550**

Required: All vendors must attach proof of insurance to their application; two day vendors must possess & display a valid LaSalle County Health Department food permit.

Comments:

I have thoroughly read the letter and guide lines for Burgoo Vendors and agree to comply with all the terms, and to sign and abide by the liability disclaimer attached. I further understand that that I may not sub-lease, sell or give away this space without written permission from the Festival Committee. I will maintain a neat and attractive booth within the designated area, and will prominently display the Burgoo Vendor Permit at all times. I will be responsible for cleaning my area thoroughly after I close. I will try to carry out the heritage theme of the Burgoo being presented by the LaSalle County Historical Society.

Date _____ Signed _____
Signature Required.

I accept and assume full liability for any injury or loss to me, my property, agents or employees at any time and from any cause on the premises of the show. I expressly release the LaSalle County Historical Society, its employees, board, and volunteers, and the Village of North Utica, from any liability for such loss, injury or accident, and agree to provide and pay for my own insurance.

Date _____ Signed _____
Signature Required

To pay for your space by credit card please fill out the following. All information is required.

Name on Card _____

Address _____

City _____ State _____ Zip _____

Card Number _____

Expiration Date mm / yy _____

Visa _____ MasterCard _____ Security Code _____

Amount of Purchase: _____

I agree that this is a valid charge for the rental of a Burgoo Vendor Space. If this charge is refused by the Card Company, after the initial authorization, for any reason, I agree to pay LaSalle County Historical Society (by cash, cashier's check or money order) the full amount within 10 days of notification.

Authorized Signature _____

Date _____

MAIL COMPLETED FORM AND CHECK OR MONEY ORDER TO:

BURGOO @ LaSalle County Historical Society, P.O. Box 278, Utica, IL 61373 or email to events.lchs@gmail.com (If you have any questions call: 815-667-4861)

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Entered	Date	Initials	Accepted

Years Participated _____

New Vendor _____