

ROTARY CLUB OF ST. CHARLES
P.O. BOX 455 ♦ BOUTTE, LOUISIANA 70039
2017 ALLIGATOR FESTIVAL
FOOD VENDOR AGREEMENT/APPLICATION

FOOD VENDOR NAME: _____

BUSINESS NAME: _____

BUSINESS MAILING ADDRESS: _____

PHONE NUMBERS: CELL# _____ HM# _____

CITY / STATE / ZIPCODE: _____

EMAIL: _____

ST. CHARLES PARISH TAX REGISTRATION NUMBER: _____

RESIDENT OF ST. CHARLES PARISH? YES NO

LIABILITY INSURANCE CERTIFICATE? YES NO

PLEASE LIST MENU SELECTIONS ALONG WITH SALES PRICES FOR APPROVAL:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

I hereby signify that the above information is complete and accurate and that I accept and agree to the "Alligator Festival Food Vendor Information and Regulations", a copy of which I have been provided, have read, and understand. I further understand that once accepted that Alligator Festival reserves the right to remove any Vendor who violates any stated regulation. **PLEASE NOTE:** FOOD VENDORS MEETING IN AUGUST

VENDOR SIGNATURE: _____ DATE: _____

MAIL COMPLETED APPLICATION AND INSURANCE CERTIFICATE TO:

2016 Alligator Festival
Food Vendor Application
P.O. Box 455
Boutte, LA 70039

Or EMAIL APPLICATION: vbryant@arcofstcharles.com Contact Person: Victoria Bryant (504) 214-6142

NAME/ADDRESS TO MAIL CHECK (IF DIFFERENT THAN ABOVE): _____

OFFICE USE ONLY

REC'D DATE:

INSURANCE CERTIFICATE:

ASSIGNED BOOTH #