



ROTARY CLUB OF ST. CHARLES

P.O. BOX 455 ♦ BOUTTE, LOUISIANA 70039

2018 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 #