



WINTERFEST
Old Towne Square & Downtown Lowell
Saturday, December 4, 2021
FOOD VENDOR CONTRACT 2021

The contract MUST be returned by **November 22nd**. Payment must be submitted with contract.

Event Date: Saturday 12/4: Food Vendors, Kids Activities & Limited Merchandise Vendors

ITEMS TO BE SOLD: _____

MAKE CHECKS PAYABLE TO: **Lowell Chamber of Commerce** **Post Marked –November 22, 2021**
 MAIL TO: **Lowell Chamber of Commerce** **428 E Commercial Ave, Lowell, Indiana 46356**
PayPal.me/lowellinchamber & Credit Card options available

RETAIL MERCHANTS CERTIFICATE # _____ (Required)

Business Name _____ (Or Social Security Number)

Name _____

Address _____ City/State/Zip _____

Telephone (Daytime) _____ Cell Number _____ Email _____

Vendors will be outside. Hours of operation: Saturday 11am-8pm

Vendors -----(to be paid in full with contract) ----- **\$100.00 for the day with 10' X 15' Space**

The following information MUST be given in order to participate. A layout diagram of your tent/trailer is required.

- Indicate size of your food trailer or tent. Length: _____ ft. Width: _____ ft.
- What side of the above measurement do you serve from? _____ Length of serving side _____ ft.
- Electric & Water will not be provided you must be self-sufficient

ALL FOOD VENDORS MUST PROVIDE:

- Food permit from Lake County Board of Health & any permit required by the Town of Lowell.
Food inspector will arrive at approximately 10:00 am.
- A current menu which includes prices.

COMMITTEE TO APPROVE THE MENU OF ALL FOOD VENDORS TO AVOID DUPLICATE ITEMS. (Hot Chocolate & Cider will be the only items duplicated)

ALL VENDORS MUST PROVIDE:

- Certificate of Insurance (required for all vendors). Made out to "Lowell Chamber of Commerce"
- Copy of your driver's license.
- Town Merchant Application (Background Check) \$15 payable to the Town of Lowell (fee maybe waived & check returned)
- After completing this form, **make a copy for your records**, please return the original.
- Amount enclosed: \$ _____ (Required) Check Number _____

Set-up Time: Saturday, December 4th from 7:00 am – 9:00 am.

IN WITNESS THERE OF THE PARTIES HAVE UNTO SET THEIR HANDS THIS _____ DAY OF _____, 2021.

Vendor Signature

Business/Organization Name

Date

Lowell Chamber of Commerce (219) 696-0231

Date

WAIVER:

I AGREE THAT THE LOWELL CHAMBER OF COMMERCE AND ANY PERSONS ASSOCIATED WITH THE ORGANIZATION OF THE LOWELL CHAMBER OF COMMERCE, THE LOWELL LABOR DAY FESTIVAL COMMITTEE AND THE TOWN OF LOWELL WILL NOT BE LIABLE FOR ANY DAMAGES OR THEFT TO ANY VEHICLE OR ANY INJURY TO ANY PERSON (S) WHILE PARTICIPATING IN THIS EVENT. THE LOWELL CHAMBER OF COMMERCE AND COMMITTEE RESERVES THE RIGHT TO REJECT OR DENY ANY ENTRY TO THE SHOW FOR ANY REASON. REGISTRATION FEES ARE NON-REFUNDABLE REFUNDABLE EXCEPT FOR CANCELLATION OF EVENT BY THE COMMITTEE AND A 50% REFUND WILL BE GIVEN.

SIGNATURE: _____ **DATE:** _____

Vendor Chairman: Joie Lynn Townsley 219-313-3274 or lowellldf@gmail.com