

# 2011 DICKENS ON THE STRAND FOOD VENDOR APPLICATION

December 3 & 4, 2011

APPLICATIONS MUST BE RECEIVED BEFORE SEPTEMBER 1, 2011,  
OR ALL FEES INCREASE BY \$50 PER SPACE.

Submit **COMPLETED** application to the Attention of **Peggy Clark, Events Coordinator**, Galveston Historical Foundation, Events Dept., at 502 20<sup>th</sup> Street, Galveston, Texas 77550.

Name \_\_\_\_\_ Contact Person (if different) \_\_\_\_\_  
Company Name or Non-Profit Organization (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
**\*Current Texas State Sales Tax Permit Number (required)** \_\_\_\_\_  
**GALVESTON COUNTY HEALTH PERMIT (required)** \_\_\_\_\_  
Proposed Booth Name (e.g. Victorian Thymes or Fagin's Flowering Onion) \_\_\_\_\_  
Product Category Food (on-site cooking) Food (non-cooking)  
Product Description\* \_\_\_\_\_  
Type of Cooking Equipment \_\_\_\_\_  
**Generators being used by Food Vendors must be approved by GHF Event Staff: Only quite generators may be used within the festival area (NO ACCEPTIONS).**  
Vendors Assigned (by GHF) location \_\_\_\_\_ (If applicable) Last years Location \_\_\_\_\_ (Booth No.)  
Number of people working in booth each day \_\_\_\_\_  
Number of Years as Dickens Vendor \_\_\_\_\_ Last year of participation (if applicable) \_\_\_\_\_  
Narrative (brief description for use in festival program) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of the Food Vendors Liability Insurance must accompany the completed Vendor Application**

Also, enclose photos and/or sketches of your proposed booth/cart display, sign, and costume. **This is required for approval.** (Once sketches are approved, photographs must follow.) Photos, sketches, and samples cannot be returned.

## VENDOR FEES

(Must accompany application)

	Before Sept. 1	After Sept. 1	Total
_____ Food vendor space (on-site cooking)	\$725	<b>\$775</b>	\$ _____
_____ Food vendor space (non-cooking)	\$350	<b>\$400</b>	\$ _____
_____ Galveston non-profits	\$50 off above prices	\$50 off above prices	\$ _____
_____ GHF Cart Rental Fee (\$100) the cart will be consider as a roving vendor and does not require a vendor space.			\$ _____

Total Enclosed

\$ \_\_\_\_\_

By signing this document the vendor agrees to follow all of the guidelines listed on the enclosed Vendor Guideline sheet. Vendors will be subject to fines if they do not follow the Guidelines.

Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Application will not be accepted without form being completed, signed and dated.**

Vendor fees may be paid with check, money order or credit card:

\_\_\_\_\_ My check/money order is enclosed. (Make checks/money orders payable to **Galveston Historical Foundation**.)

\_\_\_\_\_ Please charge to my: \_\_\_\_\_ American Express \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card No. \_\_\_\_\_ The 4 digit Security Code number on the front of the AMEX.

Or the 3 digit Security Code number on the back of the card on **VISA, MASTER CARD AND DISCOVER CARDS.**

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

*\*Choice of vendor products and spaces will be honored on a first come, first served basis.*