

**Meredith Dairy Fest Dairy Fest General Information:**

Kathleen Coppersmith/ Susan Kenefick - Vendor Chairpersons meredithdairyfest.com

PO Box 111 Email: meredithdairyfest@gmail.com

Meridale, NY 13806

Ph: 607-746-9277 / Cell:845-546-3316

**JUNE 8 & 9, 2024**

Food Concession Application

Name of Individual or Organization Information

## Contact

Person:

*First Last*

## Address:

*Street Address Apartment/Unit #*

*City State ZIP Code*

## Phone: Email

**FOOD CONCESSIONS**

**Space Requested: You Must Be in Attendance for Entire 2-Day Event**

Briefly describe what type of food you will be selling at the Meredith Dairy Fest:

Fee After May 15 Total Due

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full 2-day event |  | $125.00 |  | $175.00 |  |

PLEASE BE AWARE THERE WILL BE NO ELECTRICITY ON SITE. WE WILL HAVE USE OF SOME GENERATORS. IF YOU NEED USE OF THESE GENERATORS, PLEASE INFORM US WHEN YOU RETURN THIS FORM. PLEASE STATE THE NUMBER OF AMPS NEEDED. \*\*\*\* We reserve the right to limit the number of vendors during the Dairy Fest\*\*\*\*\*

# Disclaimer and Signature

I HAVE READ AND UNDERSTAND THE SECURITY AVAILABLE AND THAT THE MEREDITH DAIRY FEST COMMITTEE ASSUMES NO RESPONSIBILITY FOR THEFT, DAMAGE TO OR LOSS OF ANY OF MY WARES OR DISPLAY MATERIALS. I ALSO UNDERSTAND I MUST DISPLAY MY TAX ID NUMBER AS REQUIRED BY NEW YORK STATE LAW AND ALL VEHICLES NOT PREVIOUSLY ARRANGED TO BE ON MY SITE MUST BE REMOVED DURING THE OPERATING HOURS OF THE DAIRY FEST.

## SIGNATURE:

*MAIL THIS APPLICATION WITH FEE TO: MEREDITH DAIRY FEST, P.O. BOX 111, MERIDALE, NY 13806. ONCE APPLICATION IS ACCEPTED AND APPROVED, VENDOR FEES ARE NON-REFUNDABLE. YOU WILL RECEIVE SPACE NUMBER AND ADDITIONAL INFORMATION PRIOR TO THE EVENT. ALL CHECKS MUST BE MADE PAYABLE TO:* ***Meredith Dairy Fest***