

# DILLARD BLUEGRASS FESTIVAL

892 Franklin Street, Dillard GA 30537

August 4<sup>th</sup> and 5<sup>th</sup> 2023

## Food Vendor Space Application

(Space & Dillard Food Permit Applications must be returned by 6/30/23)

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WHAT ARE YOU SELLING? (Please list everything you plan to sell at the Festival)

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SPACE \_\_\_\_\_ 10x10 - \$150.00 with POWER \_\_\_\_\_ \$200.00 (Amp size needed)\_\_\_\_\_

SPACE \_\_\_\_\_ 10x20 - \$200.00 with POWER \_\_\_\_\_ \$250.00 (Amp size needed)\_\_\_\_\_

**FEE COVERS: SPACE RENTAL, HEALTH DEPT INSPECTION (Friday am), & DILLARD TEMPORARY FOOD PERMIT**

Vendors are responsible for setup and breakdown, power cords, tents and supplies needed for your products. We encourage setup on Thursday August 3<sup>rd</sup> after 3:00 pm and completed no later than 8:00 am Friday morning, to facilitate Health Department Inspection prior to gates opening. You can call 770-861-3342 Wednesday August 2<sup>nd</sup> for your placement in the food court.

**ALL Vendors are required to remain in place during Festival hours.**

**PLEASE SIGN & RETURN BOTH APPLICATIONS with PAYMENT to:**

**Dillard Bluegrass Festival, c/o Dillard City Hall, 892 Franklin St., Dillard, GA 30537**

\_\_\_\_\_  
DATE \_\_\_\_\_

SIGNATURE

[www.DillardBluegrass.org](http://www.DillardBluegrass.org)

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# CITY OF DILLARD

892 Franklin Street  
Dillard, Ga. 30537

## Application for Mobile Food Vendor For Special Events

Vendor Unit Name \_\_\_\_\_

Make, Model and License Plate number of vending unit.

Owner's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### Operator's Contact Information

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

List the operating location \_\_\_\_\_

Times of operation \_\_\_\_\_

--- Supply a copy of a one million dollar (\$1,000,000.00) liability insurance policy. Proof of current liability insurance, issued by an insurance company licensed to do business in Georgia, protecting the mobile food vendor, the public and the city from all claims for damage to property and bodily injury, including death, which may arise from operation under or in connection with the permit.

As the responsible party for the above listed I understand my food vending license may be revoked for failure to follow any and all regulations there in.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ hereby acknowledges, understands, and agrees, that as a condition of, and in consideration for payment of services performed for the City of Dillard, \_\_\_\_\_ shall indemnify and hold the City of Dillard, and any employee of the City of Dillard, harmless from any claim arising out of, or that originates as a result of work performed for the City of Dillard, and other matters incidental to same. This hold harmless is given freely and voluntarily by \_\_\_\_\_.

To be completed by Administration:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_ ( ) Cash ( ) Check # \_\_\_\_\_

Rabun County Health Department Inspection

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