

DILLARD BLUEGRASS FESTIVAL

892 Franklin Street, Dillard GA 30537

August 2nd and 3rd 2024

Food Vendor Space Application

(Space & Dillard Food Permit Applications must be returned by 6/30/24)

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

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

SPACE _____ 10x10 - \$150.00 with POWER _____ \$200.00

SPACE _____ 10x20 - \$200.00 with POWER _____ \$300.00

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 1st 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 July 31st 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 & BBQ, 5664 Hwy 441N #35, Rabun Gap, GA 30568

DATE _____

SIGNATURE

www.DillardBluegrass.org

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

