

JACKSON PARISH CHAMBER OF COMMERCE
FOOD CONCESSION & CRAFT BOOTH APPLICATION

SUNSHINE FESTIVAL APRIL 20, 2019
NO ENTRIES AFTER APRIL 15, 2019

PLEASE FILL OUT TOP FOR FOOD BOOTH & BOTTOM FOR CRAFT BOOTH

THE FOLLOWING LIABILITY RELEASE MUST BE SIGNED BY BOTH FOOD & CRAFT VENDORS.

I HEREBY RELEASE THE TOWN OF JONESBORO, AND/OR THE JACKSON PARISH CHAMBER OF COMMERCE, AND/OR THE PARISH OF JACKSON FROM ANY ACCIDENTS, DAMAGES OR THEFT TO MY PROPERTY OR PROPERTIES AT ANY TIME WHILE IN JONESBORO LOUISIANA FOR ANY FESTIVAL OR EVENT.

SIGNATURE _____ DATE _____

Return this form & make check payable to :

Jackson Parish Chamber of Commerce, P.O. Box 220, Jonesboro, LA 71251
or bring to the Chamber Office, 102 4th Street, Jonesboro, LA 71251

Office hours: 8 a.m. -- 12:00 p.m. Monday -Friday

FOOD BOOTH SPACES 10'X10': \$45.00 for the 1st booth; \$35.00 for 2nd booth

NAME _____

Contact Person _____

Address _____ City _____

State _____ Zip _____ Phone _____ Night/Cell _____

Name & date of the event for which you will be setting up your concession:

Event _____ Date _____

Complete Menu _____

Give number of spaces needed _____

Electricity Needs: 110 _____ 220 _____ amp breakers _____

Water Hook-up: Yes _____ No _____

Special Needs _____

Vendor State Sales Tax Permit number _____

If you are a non-profit organization, please give name of organization and your Federal Tax ID number _____

Louisiana Food Service Permit number _____

My check in the amount of \$ _____ is enclosed.

Signed _____ Date _____

LIABILITY INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

LIABILITY LIMITS _____ POLICY DATES _____

CRAFT BOOTH APPLICATION

NO ITEM CAN BE SOLD BY VENDORS THAT CONTAINS LOGOS PERTAINING TO THE EVENT ATTENDED.

VENDOR _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

PLEASE CIRCLE WHICHEVER APPLIES: SINGLE BOOTH - 10 X 10 Each booth is \$35.00 1st booth, \$25.00 for 2nd booth space; MOVING CART \$35.00 EACH 2nd cart \$25.00 -- STATE NUMBER OF CARTS YOU WILL BE BRINGING.

If you are a non-profit organization, please give name of organization and your Federal Tax ID number _____

GIVE A COMPLETE DESCRIPTION OF ITEMS TO BE DISPLAYED AT THE EVENT ON BACK OF THIS SHEET OR ATTACH A SEPARATE SHEET.