



# 2016 SpringFest

## 6th Annual BBQ, Beer & Blues Fest

### May 21, 2:00 pm – 7:00 pm

### Whalen Commons Park

19701 Fisher Avenue, Poolesville, MD

Sponsored by the Town of Poolesville's SpringFest Committee

## Food Vendor Application

### GENERAL INFORMATION

1. Poolesville's 2016 SpringFest will be held on May 21, 2016 at Whalen Commons Park in Poolesville, Maryland, from 2:00 pm to 7:00 pm.
2. The booth fee for a 15x15 space is \$75.00 to be included with your application. Applications must be received by May 2, 2016. Fee is \$100.00 after May 6, 2016.
3. Make checks payable to the Town of Poolesville and mail, along with application to:  
Town of Poolesville  
P.O. Box 158  
Poolesville, MD 20837  
Attn: Cathy Bupp

### HEALTH REGULATIONS

1. You must comply with all Health Department Regulations. Contact the Montgomery County Health Department at 240-777-3896 for further information.
2. All vendors must obtain a Temporary Food Permit from the Montgomery County Health Department.
3. Your license must be displayed during the event.
- 4.

### RULES & REGULATIONS

1. As the vendor you are responsible for providing your canopy, tables, chairs, electrical cords and signage.
2. Check-in/Setup times are between 8:00 am and 10:00 am.
3. Site must be torn down and free of litter by 8:00 pm



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**19701 Fisher Avenue, Poolesville, MD**

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**Food Vendor Application**

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

ITEMS BEING SOLD: \_\_\_\_\_

\_\_\_\_\_

**\$75.00 BOOTH FEE**

**Waver of Liability:** In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Town of Poolesville, the CEDC, the SpringFest Committee, or any individual or group responsible for the organization or management of SpringFest. I hereby grant permission to the Town of Poolesville and or agents authorized by them, to use any photographs or video recordings and any other record of this event for any legitimate purpose.

I agree to abide by the rules and regulations of the Town of Poolesville and the SpringFest Committee.

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

**Send completed application and check made payable to the Town of Poolesville to:**

Town of Poolesville  
P.O. Box 158  
Poolesville, MD 20837  
Attn: Cathy Bupp