

2025 RocktoberFest
3rd Annual Bands & Brews Fest
October 18th, 2:00 pm – 6:00 pm
Whalen Commons Park
19701 Fisher Avenue, Poolesville, MD

Food Vendor Application

GENERAL INFORMATION

1. Poolesville's RocktoberFest will be held on October 18, 2025 at Whalen Commons Park in Poolesville, Maryland, from 2:00 pm to 6:00 pm.
2. The booth fee is \$25.00 to be included with your application. Applications must be received by October 10, 2025. Fee is \$50.00 after October 10, 2025.
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: Tara Scholz

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.

RULES & REGULATIONS

1. As the vendor you are responsible for providing your canopy, tables, chairs, generators, electrical cords, and signage.
2. Check-in/Setup times are between 11:00 am and 1:00 pm.
3. Site must be torn down and free of litter by 7:00 pm

2024 RocktoberFest
2nd Annual Bands & Brews Fest
October 26th, 2:00 pm – 6:00 pm
Whalen Commons Park
19701 Fisher Avenue, Poolesville, MD

Food Vendor Application

BUSINESS NAME: _____

CONTACT NAME: _____ PHONE _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE _____ Zip _____

SET-UP DIMENSIONS: _____

ITEMS BEING SOLD: _____

\$25.00 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 RocktoberFest Committee, or any individual or group responsible for the organization or management of RocktoberFest 2024. 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 RocktoberFest Committee.

Signature _____ Date _____

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

Town of Poolesville
Attn: Tara Scholz
P.O. Box 158
Poolesville, MD 20837