



**Floresville Peanut Festival**  
**October 9-10, 2015**  
**Food Vendor Application**

Thank you for your interest in the Floresville Peanut Festival! This document is the Food Vendor Application for the 2015 Floresville Peanut Festival. Please read this entire document thoroughly, provide all requested information, sign at the bottom of each page, and return all pages with full payment to:

**Floresville Peanut Festival Association**  
**Attn: Vendor Application**  
**PO Box 81**  
**Floresville, TX 78114**

**Deadline for Application:** Application with full payment must be received by **August 31<sup>st</sup>**.

**Hours:**

Set Up:*	Vendor setup begins at 12:00 noon on Friday. All vehicles must be off the street by 4:00pm Friday or they will be towed.		
Required Operating Hours:**	Friday	October 9	5:00pm to Midnight
	Saturday	October 10	9:00am to 1:00am (Sun, Oct. 11)

\* Vendor setup must be complete by 4:00pm on Friday.

\*\* Vendors **MUST** be in operation during all Required Operating Hours, unless approved by the Floresville Peanut Festival Association ("FPFA").

**Rain Policy:** The Floresville Peanut Festival will continue, rain or shine, with no refund of fees. Vendors will be allowed to remain or may leave.

**Booth Spaces:** Each space is 12 feet across and 12 feet deep. All spaces are located outdoors. All vendors must supply their own furnishings (tents, tables, etc.) If your equipment extends past 12' x 12', you will need to rent more than one space, unless given special permission in advance by the FPFA. Booths shall be free standing with NO pegs or guy wires. **NO ITEMS MAY BE PLACED ON THE SIDEWALKS.**

**Vendor Fees:**

Food Vendor                      \$250    Includes one 12'x12' booth space.

Payment of the Vendor Fee must be made in full for each booth space and submitted application.

**Refundable Deposit:** The FPFA charges a refundable deposit of **\$50.00 per booth space**, which will be refunded after your booth site is inspected following the end of the Peanut Festival. If the booth site cleanup is deemed unacceptable, the deposit will be retained for purposes of defraying costs of cleaning the booth space. The Refundable Deposit must be paid in full for each booth space and submitted with this application.

\_\_\_\_\_  
Printed Name of Vendor

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

*Vendor must sign this document and return it with the application or the application will be denied.*



**Vendor Payment:** Food tickets will be counted by weighing them on a certified scale. No individual counting will be allowed. Vendors will be paid 80% of the total value of the tickets they turn in. Payouts will be made on Sunday, October 11, 2015 between 12:00 noon and 2:00 pm.

**Health Department Compliance:** By signing this application, you agree that you are responsible for compliance with state, county and/or city health regulations, which may be applicable to you, regarding manufacturing, preparing, storing and serving of food items. The Wilson County Health Department will inspect all food booths.

**Release of Liability:** By signing this application, you agree that the Floresville Peanut Festival Association is not responsible for the safety, health, or welfare of your owners, employees, family members, or other participants, nor is the FPFA responsible for the safety of your vehicles, booths, equipment, supplies, or property.

**Indemnification:** By signing this application, you agree to indemnify, defend, and hold harmless the Floresville Peanut Festival Association from any and all claims, damages, or assertions of liability by any person or persons whatsoever, directly or indirectly, of whatever kind or nature, whether valid or not, arising out of or in any way related to your negligence or any of your activities at the Floresville Peanut Festival.

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Please print clearly as you fill out the requested information below:

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number(s): (\_\_\_\_) \_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_

Sales Tax ID# \_\_\_\_\_

Will you purchase electricity (\$25 per booth space)?  Yes  No

Please list the food item(s) you would like to serve at our festival:

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*Any questions – please contact Russell or Shelley Morkovsky, 2015 vendor chairs, at 210-382-3080 or russell3090@gmail.com.*

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\_\_\_\_\_  
Printed Name of Vendor

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

*Vendor must sign this document and return it with the application or the application will be denied.*

# FLORESVILLE

**FOOD ESTABLISHMENT INSPECTIONS-\$200.00 (ANNUAL FEE) Temporary Food Vendors-\$125.00**

Bring application and fees to City Hall, 1120 D Street, Floresville, Texas 78114

(No refunds or transfers once permit is issued to applicant)

Name of Organization/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Telephone Number at Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

**Type of business to be inspected:** { } Mobile Food Unit { } Motel/Hotel { } Peanut Festival

{ } Church { } Community Center { } Full Service Restaurant, Convenience Store or Food Store

{ } Non-Profit Food Preparation Kitchen { } School Cafeteria { } Daycare { } Adult Home

{ } Balloon Festival { } 3 Day Food Event

**For additional locations, please attach additional sheet listing the following information:**

Name of Establishment to be inspected: \_\_\_\_\_

Physical Address of Establishment to be inspected; \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Is physical address within the city limits? { } Yes { } No

Telephone # of Establishment to be inspected: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HERON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAN CHAPPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME & TITLE \_\_\_\_\_