



Mailing Address: P. O. Box 632, Location 1125 Pleasant
Leominster, MA 01453

FOOD Vendor Application

Event: Apple Blossom Festival			
Event Date: May 18, 2019 (Rain Date May 19)			
Fee per set up: \$125.00			
Due by April 1 for inclusion in ad book otherwise no later than April 30.			
Name of Business/Organization:			
Address:	City	State	Zip
Phone:	Cell Phone:		
Contact Person:			
E Mail:			
Website:			

1. Describe type of concession/food business you wish to bring to Sholan Farms:

2. Are there any other details or information we may need to know pertaining to your exhibit/concession?

Application Fee

Please send check or Money Order payable in the amount of \$125.00 to the Friends of Sholan Farms.

The Friends of Sholan Farms reserves the right to deny any vendor application or exhibit/concession for failure to comply with all rules and regulations set forth in this document in the event that a specific exhibit/concession is a public safety concern or deemed inappropriate for Sholan Farms. All food vendors must be approved and in good standing with the City of Leominster Health Department and state regulations. All food vendors must be ServSafe certified and food allergen compliant. Refunds of entry fees will be paid in full for cancellations received prior to April 30th. There will be NO refunds or cancellations after April 30th.

Please return this form to:

**Friends of Sholan Farms
PO Box 632
Leominster, MA 01453**

I/We have read and fully agree to the standards and specifications of this application for the participation in this Sholan Farms Event.

Authorized Person (Printed)	Signature	Date
------------------------------------	------------------	-------------