

Vendor Information:					
Business or Organization:					
Contact Person:					
Phone Number:					
Address:					
Email:					

Booth Information

Selling a Good or Product	\$150 per 15' by 15' spot				
Informational	\$75 per 15' by 15' spot				
Booth spaces are 15'x15' Maximum of 3 Spaces Allowed					
Number of Spaces Requested:					
Food or Refreshments: Ple	ase List the top	items that you will be se	elling at the event:		
Electrical Service:					
110 Electrical Service		Yes	No		
220 Electrical Service (Additional \$25)		Yes	No		
Descripti	on of Booth and	Equipment Being Used	:		

Booths are first come first serve. We try not to duplicate vendors however, exceptions can be made by the Homecoming Committee.

If you are preparing food, you must comply with the Health Department Regulations.

Vendors must provide a copy of insurance and any business license with this application.

Make checks payable to:Bethalto Fire Department Association213 N Prairie St. Bethalto II 62010

PAYMENT MUST BE RECEIVED PRIOR TO VENDOR SETTING UP BOOTH. NO EXCEPTIONS!!! Applications due by Aug 8th 2025! Any applications returned after this date will be charged a \$25 late fee.

Food Truck Information						
If you are serving any food or drinks you will need to fill out below.						
Name of Food Truck:						
Owner Name:						
Phone Number:						
Address:						
Email:						
Alternative Contact Name:						
Phone Number:						
Vehicle Make/Model:						
Vehicle Licenses:						
Bethalto Business Licensee						
Madison County Health Department						
Licenses:						

I Hereby waive, release, and discharge any and all claim for personal injury, death or property damage which may hereafter as a result of my actions under this permit. I agree to indemnify and hold harmless Village of Bethalto, and its officers, employees, attorneys and agents from any loss, liability, damage, costs, or expenses which they may occur as the result of death, injury or property damage that may arise as a result of the activities taking place under this permit. I further agree that this Waiver, release and assumption of risk is binding upon my heirs and assigns.

Signature_____

Date:			

Approved by _____

Date:_____

Please contact Dan Bartels at <u>dbartels@bethalto.com</u> or Derek Mormino at <u>dmormino@bethalto.com</u> with any questions.